Patient advice sheet
Having a Flexible Sigmoidoscopy – pre-procedure information

You have been advised by your GP or hospital doctor to have an investigation known as a flexible sigmoidoscopy.

Please read all the information in this booklet carefully as failure to follow instructions may result in your test being cancelled.

Appointment
Please phone the Endoscopy department at the earliest opportunity on 01296 315175 if the date or time is not convenient to you so that we can reschedule your appointment.

Consent

All procedures undertaken in hospital, require your consent, this is a legal requirement.

Please read this information sheet carefully as it provides all the information you need to make an informed choice paying particular reference to the risks associated with your procedure.

During the admission procedure, one of the Endoscopy specialist nurses will explain your procedure and go through the risks associated, giving you the opportunity to ask questions and have them answered. Once you are completely happy with the information given, you will be asked to sign a consent form. Please note you have the right to withdraw your consent at any time.

Some procedures require tissue samples to be taken for microscopic examination. Rather than destroying the samples after this examination we ask your permission to use these tissue samples for teaching and research purposes. All specimens are treated anonymously.

Your consent once signed is held in our hospital notes. Should you wish to have a copy we can organise a photocopy for your personal records.

If you do not speak English, an independent translator must be available to ensure you properly understand the test. This cannot be a member of your family or a friend. The procedure will be cancelled if a proper consent cannot be taken.

This information sheet enables you to make an informed decision before agreeing to the procedure.
What is a Flexible Sigmoidoscopy?
A Flexible Sigmoidoscopy is an investigation using a flexible tube to look accurately at the lining of part of the large bowel up to the sigmoid colon. The long tube, called a Colonoscope, is inserted at the anus and manoeuvred around the left hand side of the bowel. The Colonoscope has within it an illumination channel which enables light to be directed onto the lining of your bowel, and relays pictures back to a television screen. This facilitates the Endoscopist in having a clear view and to check whether your bowel is abnormal.

Why do I need a Flexible Sigmoidoscopy?
Your symptoms suggest that you may have a problem with the large bowel (the colon), which requires investigation. There are many reasons for this and these can include
• Bleeding from the back passage
• Abdominal pain
• A change in your normal bowel habit
• Screening for bowel cancer

Likewise, if you suffer from inflammatory bowel disease or have a family history of colorectal (bowel) cancer, you may need to be monitored.

What are the benefits of having a Flexible Sigmoidoscopy?
If there is any abnormality in the left hand side of the bowel then it should be possible to see it during the procedure, which is relatively quick (approximately 15mins). It does not require a general anaesthetic but sometimes a short acting sedative drug is offered while the procedure is being carried out. The Endoscopist may take samples (biopsies) of tissue so they can be examined under a microscope. Polyps, if found, may also be removed at the same time.

Polyps
A polyp is a protrusion from the lining of the bowel. Some polyps are on a stalk and some are flat. Polyps when found are generally removed or sampled (biopsies taken) as they may grow and cause problems.

A polyp may be removed in one of two ways both using electrical diathermy. For large polyps a snare (a wire loop) is placed around the polyp, a high frequency current is then applied and the polyp removed. Smaller polyps are removed by biopsy forceps (forceps that cut) sometimes with a small amount of diathermy which destroys the polyp.

Is there an alternative to having a Flexible Sigmoidoscopy?
There are alternatives such as CT scan which is an x-ray procedure but does not allow the Endoscopist to take samples (biopsies). You may have already had one of these investigations which did not pick up the problem or showed an abnormality which now requires a biopsy to be taken.
Are there any risks involved?
A flexible sigmoidoscopy is a skilled procedure performed by a trained Endoscopist who takes every care to reduce any risks. However, as it is an invasive procedure, by its nature it therefore carries the risk of complications. Although these complications arise very rarely we are duty bound to make you aware of them.

Risks associated with the procedure:

- **Perforation or tear** of the lining in the bowel. This is a rare complication with an approximate incidence of 1 in every 2,500 procedures, requires hospital admission for observation and possible surgery to repair the perforation. The risk of perforation is higher with polyp removal; approximate incidence 1 in every 500 procedures.

- **Bleeding** at the site of polyp removal or biopsy. Bleeding - is normally minor and usually stops on its own; however in the event this isn't the case, it can be controlled by cauterisation or injection treatment.

Risks associated with having sedation:
Sedation in a small number of patients may cause problems with slower breathing, low blood pressure and a slow heart rate. Careful monitoring of these vital signs during the procedure by your nurse will detect any changes early and these can be treated rapidly.

Incomplete procedure
In a small number of patients the colonoscope cannot be manoeuvred all the way around the left side of the bowel, additionally it is possible to miss very small abnormalities; you may then need another test such as a CT scan.

Will I need sedation?
Sedation is rarely required for this procedure. Sedation if required is given through an intravenous cannula (small plastic tube put into your vein). It is a sedative, not an anaesthetic, and will make most people feel drowsy and relaxed. Some patients may like to use entonox (gas and air) as an inhaled pain killer.

How long will I have to be at the hospital?
You will usually have the flexible sigmoidoscopy as a day patient, involving a stay of between 2-4 hours. The units close at 6pm.

*Please note,* appointment times are not exact, the unit has to respond to unexpected emergencies therefore delays occasionally are inevitable.

Will I get the results straight away?
When you have recovered, a healthcare professional will explain the results and go through your report with you. Should you require a further endoscopic procedure, your appointment may be made before you leave the unit. You will also receive an aftercare information leaflet to take home.
Are there any after effects?
After effects are rare, but you may notice some bleeding if a biopsy has been taken or a polyp removed. You may experience wind/cramp like abdominal pain. If you have had sedation you may have some residual drowsiness during the first 24 hours after the flexible sigmoidoscopy. (see paragraph: "After the examination")

You are advised to follow a light diet for 24 hours following the procedure.

Preparing for the examination
The bowel must be completely cleared of all waste matter. This is achieved by the use of a bowel cleansing medicine. The medicine is designed to give you forced diarrhoea so it is advisable to stay at home during this time as you will need to be near a toilet. You will not be able to go to work during bowel preparation.

IT IS EXTREMELY IMPORTANT THAT YOU FOLLOW THE INSTRUCTIONS CAREFULLY

Note If you have a colostomy the medicine will work in the same way. You are advised to put on a drainable appliance before taking the medicine until after the examination. If you do not have any drainable appliances (pouches), please contact your stoma care nurse.

Hospital Based Preparation
In special circumstances an enema may be a more suitable form of bowel cleansing. You will be advised of this when your appointment is being made.

Preparing for your flexible sigmoidoscopy
- Please bring a dressing gown, slippers etc.
- You will be asked to change into a hospital gown for the procedure.
- Do not bring valuable items.
- If you are asthmatic, please bring your inhalers with you and tell the nurse.
- If you have diabetes, please ensure the Endoscopy Unit is aware and your diabetes tablets and/or insulin are with you on the day. If you need advice, contact your Diabetes Nurse Specialist or your GP.
- If you have sleep apnoea and wish to have sedation for the test then please bring your usual breathing apparatus with you.
- If you are taking iron tablets, stop 7 days before the test.
- If you are taking Warfarin (or any other blood thinning tablets e.g. Rivaroxaban, Dabigatran, Apixaban) or Clopidogrel (or other “antiplatelet” drugs), please inform the Endoscopy booking clerk or pre admissions nurse when making your appointment.
- Aspirin should be continued.
- If you are taking any other regular medications, please continue these as normal and bring your list of medications with you.

- If you have a heart valve replacement, are pregnant, trying to conceive or breastfeeding, are in poor health or very frail, please telephone us.

Useful Links:
Buckinghamshire Healthcare NHS Trust Website www.buckshealthcare.nhs.uk/gastro
British Society of Gastroenterology Website http://www.bsg.org.uk/
Core Digestive Disorders Information Website http://www.corecharity.org.uk/

If you would like a copy of this information sheet on audiotape, in large print or translated, please call 01296 315175 (SMH) or 01494 425710 (WH)

Legal Notice
Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

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