

ENDOSCOPY UNIT

Patient information leaflet – information for patients having a flexible sigmoidoscopy

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What is a flexible sigmoidoscopy

This is a procedure which allows the endoscopist to look directly at the inside of the left side of your large bowel (the colon). The instrument used is called a sigmoidoscope, which is a long flexible tube. It will be passed gently through your back passage and into your large bowel.

The sigmoidoscope is connected to an imaging system and has a mini camera built into the end. By examining your bowel, the cause of your problems may be found. The procedure usually takes between 10 and 20 minutes - a little bit longer if we need to take biopsies (these are very small fragments of tissue that need to be sent for analysis). Tiny forceps are used to remove the sample through the scope and you should not feel any discomfort.

We can also remove polyps during the procedure if we need to – this is called a polypectomy. Polyps are abnormal tags of tissue which need to be examined more closely in the laboratory.

The procedure is normally carried out without sedation, however if you do wish to have sedation, the endoscopist may consider it.



Entonox (gas and air) is available if required.

Why do I need a sigmoidoscopy?

Your doctor is concerned about the problems you have been having in the lower part of your digestive system (the large bowel). A sigmoidoscopy is a good way of finding out if there is a problem or not. It also helps your doctor to decide on further treatment, if necessary. A sigmoidoscopy is used to investigate a variety of symptoms, for example:

- Haemorrhoids (piles)
- Persistent diarrhoea
- Abdominal pain
- Change in bowel habit
- Bleeding from the back passage
- Polyps.

Are there any alternatives to sigmoidoscopy?

A barium enema examination is one possible alternative test. A barium enema is an x-ray based test, however it does not provide such detailed pictures of the lining of your bowel and does not allow us to take samples or perform treatment. Therefore, you may still need to have a sigmoidoscopy. If you wish to discuss this further, please contact your GP.

Preparing for the test

- * If you are taking WARFARIN, CLOPIDOGREL, PRASUGREL, TICAGRELOR, DABIGATRAN, APIXABAN, RIVAROXABAN OR EDOXABAN you will be given advice by your referrer, as they may need to be stopped prior to the procedure.
- * If you are taking iron tablets (e.g. ferrous sulphate), please stop taking them 7 days before your sigmoidoscopy. You may start taking them again immediately afterwards.
- * We recommend that you wear loose fitting clothing, as this is more comfortable during and after the test.
- * To allow a clear view during the test your bowel must be empty. On your admission to the unit you will be given an enema. This involves having a small plastic tube inserted into your rectum and a small amount of liquid put into your bowel. You will need to hold onto the liquid for approximately 2-5 minutes, before opening your bowels normally. A chaperone will be offered for this procedure.



On admission to the endoscopy unit

After admission by the reception staff, a member of the nursing team will prepare you for the procedure. Your pulse, oxygen levels and blood pressure will also be checked and you will be asked some questions about your medical history. Please bring with you a list of any medication you are taking - including any inhalers or sprays.

The nurse is very aware that you may be worried or anxious, so please do not be afraid to ask questions. We try very hard to keep to appointment times, but please be patient if you are kept waiting as on occasions we do have emergency patients to deal with. You will be given an estimated time for collection, if you are having sedation and in this case it is important that your escort attends with you so they know what time to return.

Please note that your appointment time is your arrival at the unit and not the time of the test. If you decide to have sedation, you must be accompanied by a responsible adult to take you home and stay with you for at least twelve hours afterwards. If you do not have anyone to look after you, then you will be offered Entonox during the procedure.

During the test

Before you go into the procedure room the endoscopist will explain the test to you and ask you to sign a consent form. If you have any questions at this stage, please ask the endoscopist.

Most people prefer no drugs at all or only Entonox gas. If you have Entonox, you will need to stay with us in the department for half an hour after the procedure. Entonox will make you feel relaxed and it also acts as pain relief. In this case you can come alone and can drive home.

Under exceptional circumstances a light sedative injection may be considered, when a small plastic tube (cannula) will be inserted. The drugs given may make you feel sleepy and relaxed throughout the test and aware of what is happening, but you may not remember much about it. However, sedation is not given routinely for this endoscopic procedure.

In order to monitor your blood pressure, heart rate and breathing, the nurse will place a probe on your finger and sometimes an inflatable cuff on your arm. Oxygen may be administered during the procedure. You will be asked to lie on your left side with your knees bent. The endoscopist will then examine your back passage with a gloved finger to make sure it is safe to pass the tube.

The flexible tube will then be gently inserted into your back passage into your large bowel. Air will be passed through the flexible tube to open up the bowel in order to give a clear view of the lining. This may give you some wind-like discomfort, but will not last long. You may get the sensation of wanting to go to the toilet, but as your bowel is empty, there is no danger of this happening. You may pass some wind and although you may find this embarrassing, remember the staff do understand what is causing it. The nurse will be with you at all times giving you guidance and support.



What are the risks?

The risks are very small and occur in less than 1% of procedures. We do our utmost to avoid complications, but we have to inform you of the risks even though they are very small. They include:

- Reaction to medication
- Perforation of the bowel or excessive bleeding are rare complications, but may require urgent treatment or even an operation. The possibility of a complication increases if the endoscope is used to apply treatment. Any treatments proposed will be explained to you
- You may experience a sore back passage and abdominal tenderness
- Incomplete sigmoidoscopy occurs if the procedure is abandoned due to technical difficulty or because it was causing you distress.

After the test

After the procedure if you have not had sedation you will be able to leave the department straight away and continue the day as normal. If you have had Entonox only, you will need to stay in the department in the recovery area for half an hour, after which time this will have worn off and if required you can drive yourself home.

If you have sedation you may be a little drowsy and so will be taken to a recovery area on the trolley, where you can recover from the effects of the sedation. You will be offered a drink while you wait for your escort home. This person must come to the unit to collect you. You will remain in the unit for about one hour after the procedure. As you may be unsteady on your feet and may not be able to walk far, your escort should park in the hospital grounds. A nurse needs to speak to your escort before you leave the endoscopy department. We will either write down the results for you or give you or your escort (with your permission) a copy of your report, as you probably will not remember what we say if you have had sedation.

You will receive a copy of your procedure report before discharge and a copy will be posted to your GP. If we take tissue samples, the results may take up to two weeks to come back and these results will also be sent to your GP. If you have sedation, you will need someone to accompany you to and from the unit and stay with you for twelve hours afterwards. You will then be advised not to:

Drive or use public transport
Operate any machinery
Look after children
Sign any legal documents

Go back to work
Drink alcohol
Have a bath unsupervised

All the above applies for twenty-four hours after the procedure as the drugs remain in the system for this time.

As this is a training hospital there may be a trainee undertaking your procedure, but they will be closely supervised, with a senior colleague present in the room. Please let a member of staff know if you have any concerns regarding this on the day of your procedure.



Things to remember

- If you are on clopidogrel or any blood thinning anticoagulants such as warfarin these may need to be stopped so ask your referrer for specific advice.. Aspirin however can be safely continued.
- Do not bring any valuables to the unit
- Please phone 01432 803060 if you cannot keep this appointment - missed appointments waste time and money and if you cannot come, someone else who is waiting can take your slot
- You must have a responsible adult at home to care for you after the procedure for at least 12 hours **if** you have sedation. If you do not have anyone to look after you, you should have either no drugs or Entonox only
- If you choose to have only Entonox gas you can come alone and go home alone and you do not need anyone to look after you

Please note if you choose not to follow this information the hospital cannot be held responsible for any adverse effects.

Your experience matters

We aim to provide the care that we would want for ourselves, our families and friends. If you think something could have been done differently, please speak to the department or ward staff. You can contact them by calling the hospital switchboard and asking for the relevant department. Further information about our services is available on our website:

- **Phone (hospital switchboard):** 01432 355444
- [Wye Valley NHS Trust](#)

This leaflet is available in alternative formats. If you need this please contact the Patient Experience Team using the telephone number or email below.

After using our services we may ask for your opinion about your experience. Your feedback helps us to make things better for all our patients. You can also contact the Patient Experience Team by:

- **Phone:** 01432 372986 (please leave an answerphone message)
- **Email:** PALES@wvt.nhs.uk

