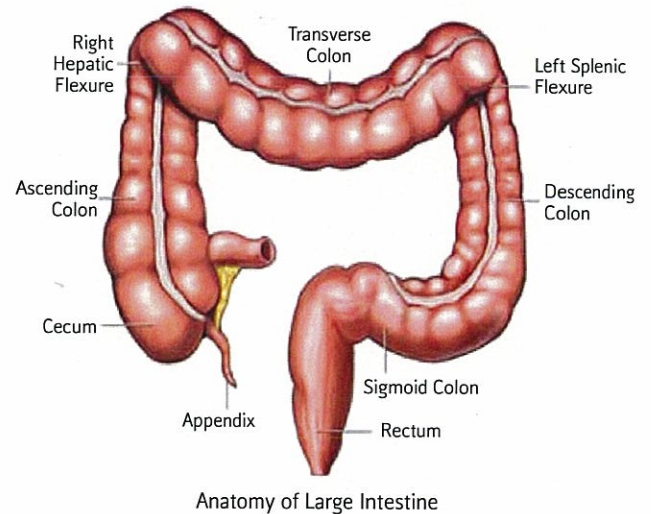


Flexible Sigmoidoscopy

Flexible Sigmoidoscopy is a procedure that allows the doctor to examine your bowel from the anus to the descending colon with a small, flexible endoscope.

Why the procedure is performed

The procedure is performed to investigate symptoms such as a change in bowel habit, rectal bleeding, or to review a problem that may have been found before, for example, polyps or colitis. Having the procedure will benefit you by providing a clear diagnosis. If you prefer not to be investigated, we advise you to discuss the implications with your doctor.



A flexible sigmoidoscopy is one of the simplest and safest methods to examine the lower part of the colon. It is also used if any specific treatment is required in only the last part of the colon and if the rest of the colon has been examined before.

How the procedure is performed

The doctor inserts a thin flexible tube with a light on the end of it into your back passage. It is thinner than an index finger. Air is inserted into your bowel which may make you feel a little bloated. The tube is slowly moved up the left side of your colon whilst the doctor looks at the wall of the bowel. The test usually takes between 5 – 15 minutes.

How to prepare for the procedure

You can eat and drink normally on the day of the test unless you choose to be sedated, in which case you should not eat or drink for 4 hours before the test. Shortly before your procedure, one of the nurses in the endoscopy unit will give you an enema. This is a liquid medicine that is given through your back passage. It works as a laxative that cleans the end of your bowel.

If you are taking iron tablets, please stop these 7 days before your test. Iron residues produce a dark black stool which makes the view inside the bowel less clear.

If you are taking anti-inflammatory tablets (such as Nurofen, Brufen or Voltaren) please stop taking them 5 days before your test.

Do not stop taking aspirin, clopidogrel (Plavix) or warfarin but please make sure that you have discussed this with your referring doctor before the test. There is a significant risk that a coronary stent will block if these medicines are stopped within one month of stent replacement; and a slightly increased risk within the first 6 months. If the Endoscopist thinks it is in your best interest to stop taking them, they should be stopped 5 days before the procedure. If you are a diabetic, continue your medication and eat normally.

How the procedure will feel

During the procedure the doctor may take biopsies (tissue samples) and photographs of your bowel, even if it looks normal. There may be periods of discomfort as the tube goes around bends in the bowel. Usually these will ease once the bend has been passed. There will be a nurse with you throughout the procedure explaining what is happening, monitoring your vital signs, level of comfort and assisting the doctor.

After the procedure you may feel a little discomfort due to the air inserted during the procedure – this is normal.

If you have been given a sedative, you must arrange for someone to escort you home. We strongly advise that you do not drink alcohol, operate machinery, drive or make important decisions for 24 hours after your procedure as sedatives can impair your judgement.

If you have not received sedation, you may go home immediately after the procedure.

Risks

Complications are extremely rare, but it is important that you know all the risks before you decide to go ahead with the procedure.

Some patients can experience abdominal discomfort or pain.

There is a very small risk of making a hole in the bowel wall (a perforation) or causing bleeding. This occurs in approximately 1 in 15,000 examinations. A perforation usually requires an operation to repair it.

Using sedation can cause breathing complications in up to 1 in 200 procedures, which usually are not serious. To reduce this risk, we monitor your pulse and oxygen levels at all times throughout the test.

Considerations

If you have severe pain, black tarry stools, or persistent bleeding, you should contact your nearest A&E Department for further advice and also inform your consultant through the endoscopy unit staff.

To replace fluids lost because of laxatives and fasting, drink plenty of fluids after the procedure.

Results

The Endoscopist will be able to tell you the results after the procedure. If you have sedation, it is a good idea to have someone with you at this time as sedation can make you forget what is discussed. If biopsies are taken or polyps removed, you will be told the final diagnosis by your consultant at a follow-up appointment. Copies of your flexible sigmoidoscopy report will be sent to your GP.