What is a flexible sigmoidoscopy?
During Flexible Sigmoidoscopy your endoscopist is able to view the inside of the lower part of the large bowel, up to the Sigmoid Colon. A long flexible tube connected to a camera (a sigmoidoscope) is carefully passed through the anus into the large bowel. It will give a clear view of the lining of the bowel and also allow your doctor to take a tissue sample (biopsy) if necessary.

Why would I need this procedure?
Flexible Sigmoidoscopy will help your endoscopist to find out why you are having symptoms and to make a diagnosis. The doctor can also take tissue samples (biopsies) and give you treatment if necessary.

What should I do before I come into hospital?
For the Flexible Sigmoidoscopy to be successful, your lower bowel needs to be completely cleared of waste material.

This can be done by enema or bowel preparation. Your endoscopist will decide which is most suitable for you.

The enema can be self-administered at home. If you have not been provided with an enema it will be given on the Endoscopy Unit.

If you were given bowel preparation, please follow the enclosed instructions, particular those relating to your diet and fluid intake. If you have any queries regarding your bowel preparation please contact the endoscopy department. You can further help to empty your bowel by increasing your intake of clear fluids (black tea or coffee, clear soup, oxo and water etc.)

The bowel preparation will give you loose bowel movements and you will need to go to the toilet frequently. Please plan your day accordingly. If you are taking iron tablets you should stop taking them five days before your test.

You may take your usual medication with a small amount of water or bring it with you and take it after the test if required. If you are diabetic, your consultant will discuss your diabetic management with you prior to your test. If you have any concerns please contact our diabetic liaison nurse in Endoscopy.

If you taking any blood thinning medication such as warfarin or clopidogrel please contact the Endoscopy Unit for further advice as you may have to stop these drugs.

What do I need to bring with me?
Please wear loose comfortable clothing and bring the following with you:

- A list of all your medications and allergies.
- Your reading glasses.
- Dressing gown and slippers

Do not bring any valuables with you, as the Trust cannot take responsibility for any losses.
What will happen when I arrive at the Endoscopy Unit?
A trained nurse will ask you questions about your medical conditions, medications, any allergies and record your blood pressure. The nurse will explain the procedure and will give you the opportunity to ask questions.

You will also be asked to put on a hospital gown and dignity shorts if you require. You will then be asked to sign a consent form. This is to confirm that you understand the procedure and want to go ahead with it. You will then wait to go into the treatment room for your colonoscopy.

What happens during the flexible sigmoidoscopy?
A flexible sigmoidoscopy takes 10 to 15 minutes approximately.

Two nurses will assist the doctor and look after you during the Flexible Sigmoidoscopy. They will ask you to lie on your left side with your knees bent. You may be asked to change your position during the procedure but.

The Flexible Sigmoidoscope is carefully passed through the anus into the large bowel. In order to see and move forward through the loops of the bowel, air will be blown into your bowel via the endoscope. This can sometimes feel a little uncomfortable, giving you a bloated feeling. The doctor will look at the lining of the large bowel and take a small sample (biopsy) if necessary. If there are polyps in the bowel they can often be removed by a procedure called polypectomy.

What happens after the test?
After the Flexible Sigmoidoscopy, you will be taken to the recovery area for about 15 minutes. The nurse will take your pulse and blood pressure.

When you are ready to go home the nurse or the endoscopist will discuss the results of your Flexible Sigmoidoscopy with you.

How will I feel afterwards?
You may feel a little bloated for a few hours after the test. If you do feel bloated, try sitting upright, walking around and taking warm drinks and peppermint to help alleviate this.

You can eat/drink and take your normal medications as normal.

What are the potential risks and side effects?
As with all procedures there are possible complications that may delay your discharge, require emergency surgery or even carry a small risk of death.

All these risks are rare and include:

- **Perforation** - approximately one in every 2000 procedures
  It is possible to damage the large bowel lining making a hole. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). An operation is nearly always required to mend the hole.

- **Bleeding** - 1 in 200 polyps removed, depending on the size of the polyp
  If a polyp is found then this needs to be removed since many types can turn into cancer if left untreated for a long period of time. Removing the polyp when it has not become cancerous eliminates this risk.

- **Adverse reaction** to the drugs used for sedation – very slight risk - This can usually be reversed with medication.
If you develop any of the following symptoms you need to be seen urgently:

- A lot of bleeding that does not stop
- Severe abdominal pain
- Abdominal distension
- Fever
- Vomiting

**When can I return to work?**
You can resume your normal activities as soon as you feel able to.

**Consent**
Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

**Important information**
The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

**Your comments**
We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

**Hand hygiene**
The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

**Other formats**
This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

**Conquest Hospital**
Email: esh-tr.palsh@nhs.net - Telephone: 01424 758090

**Eastbourne District General Hospital**
Email: esh-tr.palse@nhs.net - Telephone: 01323 435886

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.
Reference
The following clinicians have been consulted and agreed this patient information:
Endoscopy Unit Nurses Sister S Krueger and Matron R Cavalier, Consultant
Gastroenterologists Dr J Rademaker, Dr Mayhead

Next review date: May 2018
Responsible clinician/author: Sister S Krueger, Sister T Holmes-Ling, Staff Nurse H Skinner

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