

## Having a Flexible Sigmoidoscopy

### What is a flexible sigmoidoscopy?

During a flexible sigmoidoscopy your endoscopist passes a long flexible tube containing a camera and a light through your rectum and the lower (sigmoid) colon. This allows your endoscopist to view the lining of this organ.

### Why would I need this procedure?

A flexible sigmoidoscopy will help your doctor to find out why you are having symptoms and make a diagnosis. It will give your endoscopist a clear view of the lining of lower digestive tract and allows your endoscopist to take tissue samples (biopsies) 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 empty of waste material.

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

If you are given **oral bowel preparation** which is a strong laxative it is important that you follow the instructions particularly those relating to your diet and fluid intake. The bowel preparation laxative will give you loose bowel movements and you will need to go to the toilet frequently, please plan your day accordingly. You can further help to empty your bowel by increasing your intake of clear fluids (black tea or black coffee, clear soup, Oxo and water). If you have any queries regarding your bowel preparation, please contact the Endoscopy Unit.

The **enema** can be self-administered at home. If you have not been provided with an enema it can be obtained from the Endoscopy Unit, alternatively it can be administered by nursing staff on the Endoscopy Unit. Conquest endoscopy patients only, will need to ring the Endoscopy Unit at Conquest to discuss with staff if they feel unable to self-administer the enema.

If you are taking iron tablets you should stop taking them **seven** days before your procedure.

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, and have any concerns regarding the management of your diabetes please contact our diabetic liaison nurse in the Endoscopy Unit.

- Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595

Opening hours: Monday to Friday 8.00am to 6.00pm.

If you are taking any blood thinning medication (except aspirin) 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 any allergies you may have.
- Reading glasses.
- Dressing gown and slippers for your use if you wish.

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 review your medical history, medications and any allergies. Your blood pressure, pulse and oxygen saturations will be taken. The nurse will explain the procedure and will give you the opportunity to ask questions.

You may be asked to put on a hospital gown and dignity shorts if you require. Dignity shorts are provided to maintain your modesty. The risks of the procedure will be discussed and if you wish to proceed 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 be taken to a pre procedure waiting room where you will wait until you are collected and taken to the procedure room.

### What are the potential risks and side effects?

Although there are possible complications to this procedure, serious complications are rare.

Risks include:

- **Perforation** - approximately 1 in every 5000 procedures  
It is possible to damage the lining of the large bowel and make a hole, this can allow the contents of the bowel to escape causing severe inflammation and infection in the abdomen (peritonitis). An operation may required to mend the hole
- **Bleeding** - approximately 1 in 500 experience bleeding following a diagnostic procedure, 1 in 250 polyps bleed depending on the size.  
If a polyp is found it is advised that it be removed since some 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.
- **Missed pathology** - it is possible due to poor bowel preparation or excessive folds in the bowel to miss small polyps.
- **Adverse effects of medications** - these can usually be reversed with medication.

#### Other Procedures;

- **Polypectomy** - Procedure to remove polyps from the wall of the bowel, if left in place these can sometimes develop into cancer, depending on the type of polyp.
- **Haemostasis therapies** - treatments used to stop bleeding.
- **Tattooing** - using tattoo ink to make a permanent mark in the bowel so that an identified area can be easily again in future procedures.

### What happens during the flexible sigmoidoscopy?

A flexible sigmoidoscopy takes approximately 10 to 15 minutes.

You will be asked to lie on your left side with your knees bent up towards your chest. You may be asked to change your position during the procedure.

The endoscope 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 pass into your bowel via the endoscope. This can feel uncomfortable; giving you a bloated feeling, passing wind may relieve this feeling.

The endoscopist will look at the lining of the large bowel and take small tissue samples (biopsies) 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 approximately 10 minutes.

A nurse will check your pulse, oxygen saturations and blood pressure.

When you are ready to go home a nurse or the endoscopist will discuss the results of your flexible sigmoidoscopy with you in a private room. If you wish to have a family member/friend present, please inform the nurse.

### **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.

If you develop any of the following symptoms following your procedure you will need to consult a doctor immediately:

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

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 the Patient Experience Team – Tel: 0300 131 4731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## 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

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following have been consulted and agreed this patient information:

Consultant Gastroenterologists: Mrs Morris and Dr A Jeevagan  
Endoscopy Unit nurses: T Holmes-Ling, H Foster and F Makura

Next review date: November 2023  
Responsible clinician/author: T Holmes-Ling, H Foster and F Makura

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