Having a Flexible Sigmoidoscopy with Oral Bowel Preparation

Your appointment has been arranged at:

- Lady Sobell Gastrointestinal Unit, Wexham Park Hospital, Slough ☎ 01753 634150
- Heatherwood Endoscopy Unit, Heatherwood Hospital, Ascot ☎ 01344 877801

If you need an interpreter, please contact us as soon as possible so that we can arrange for a qualified person to attend your appointments.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is an investigation using a flexible telescopic tube to look at the lining of the lower part of the large bowel (colon). A tube, called a sigmoidoscope, is inserted at the anus and manoeuvred around to about half way along the transverse colon. The whole of the large colon is about 1.5 metres long.

To get good views, you will need to eat a restricted diet for 2 days before your appointment and take a laxative (bowel prep) to clear out the bowel. Some medications may need to be stopped.

Detailed instructions for taking bowel prep will be sent to you with the bowel prep after you have had any necessary blood tests.

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. 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 bowel then it should be possible to see it during the procedure which is relatively quick (about ¼ hour). It allows the doctor to take samples (biopsies) of tissue so they can be examined under a microscope. The lining of the bowel is insensitive to pain so you should not feel anything when the samples are removed.

Is there an alternative to having a flexible sigmoidoscopy?

There is an alternative called CT colonography. This is a less invasive test which uses special x-ray equipment and computers to obtain an interior view of the colon. However, it is a strictly diagnostic procedure, that still requires bowel prep to be taken, but which does not allow tissue to be sampled.

Are there any risks involved?

A flexible sigmoidoscopy is a skilled procedure and is performed by a specially trained clinician who takes every care to reduce any risks.

During the procedure you may experience some discomfort, which is caused by the gas used to assist with the transit of the sigmoidoscope around the colon. This will probably leave you feeling bloated until you pass the excess ‘wind’ naturally.
Are there any risks involved (continued)?

- It is possible to perforate (tear) part of the bowel (approximately 1 in 1000 cases) and the risk is increased if a polyp is removed.
- It is also possible that you will experience bleeding following the procedure. The risk of this is 1 in 100 if you have a polyp removed. A blood transfusion or surgery may then be required.

Will I need sedation?

No sedation will be offered for this procedure as it only takes a short time. If preferred, you may have gas and air (Entonox).

Entonox is a very quick acting painkiller which you inhale (breathe in). It will make you feel relaxed and sleepy whilst relieving your pain. The effect of Entonox wears off very rapidly allowing you to fully function within a short time, although the effects of the procedure itself may prevent you being active. You should not drive or operate any machinery for at least 30 minutes after Entonox and not until you feel it is safe to do so.

Will I have to stay in hospital?

You will usually have the sigmoidoscopy as a day patient, involving a stay of 2 - 3 hours. However, you may need to come into hospital the day before to take the bowel clearing medicine if you are very elderly or in poor health.

Will I get the results straight away?

When you have recovered, a healthcare professional will explain the results. If a biopsy has been taken or a polyp removed, you will be told when and where you can get the results.

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 a little abdominal pain within the first 24 hours after the flexible sigmoidoscopy.

What preparation do I need for the examination?

The bowel must be completely cleared of all waste matter. This is achieved by eating a very low fibre diet for 2 days before your procedure and the use of a laxative medicine (bowel prep).

For 2 days before your procedure, you will only be able to eat foods from the following list:

- chicken, white fish, cheese, potatoes (without the skin), eggs,
- chapattis, white bread, butter or margarine, honey (but not jam or marmalade), rich tea biscuits
- yellow jelly (but not red), plain yoghurt, ice cream

For appointments before 2.00pm, you will need to begin taking the bowel prep at between 5.00pm and 6.00pm on the day before your procedure.

For appointments at 2.00pm or later, you will take all your bowel prep on the day of your procedure. Bowel prep is designed to give you forced diarrhoea, so it is advisable to stay at home during this time.
Bowel prep and instructions will be sent to you when you have had any necessary blood tests. For comfort during the bowel preparation, you may wish to put some ointment on your bottom. Zinc and castor oil, Sudocrem and Vaseline are all suitable.

**Special Precautions for Bowel Preparation**

- If you are taking any regular medication for stomach, bowel, heart, lung, kidney or other medical conditions, please continue these as normal, you may take your medications with a glass of water on the day of your examination. Warfarin, Pradaxa (dabigatran), clopidogrel, rivaroxaban and aspirin are ok to continue in your usual dosage.

- If you take Warfarin, please have your INR checked 7 days before your procedure and bring your INR results with you to the appointment. Your INR will be checked again on the day of the procedure by our nursing team.

- If you normally take any iron tablets, stop taking them 7 days before your procedure.

- If you have had a heart attack or acute heart failure or a coronary stent inserted recently, it is advisable to wait until your condition has stabilised before having your colonoscopy, usually 3 months. Check with us by telephoning 01753 634152/634163. Please also check with your cardiologist.

- If you have a colostomy (external stool bag on a stoma from previous bowel surgery), the bowel preparation 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 at Wexham Park Hospital on 01753 633734 or bleep via the hospital switchboard on 01753 633000.

- Please let us know by telephoning 01753 634152/634163 if you are pregnant or trying to conceive.

- Patients taking the oral contraceptive pill should take alternative precautions during the week after you have taken the bowel prep, as rapid bowel transit may make the pill ineffective.

- If you are in poor health or very frail, this procedure may not be appropriate for you. Telephone 01753 634157 and explain this to the booking clerk who will instead arrange for you to be seen in an outpatient clinic first to decide whether this is indeed the best way to check your bowel. A CT colonography may be more appropriate.

**General Information**

Please bring a dressing gown, slippers and something to read. Do not bring valuable items such as credit cards and jewellery.
On arrival at the unit
The receptionist will ask for your questionnaire. A healthcare professional will then complete a form about your medical history and take your blood pressure.

Informed Consent
Prior to the procedure, you will be required to sign a consent form. Before signing it, the healthcare professional will discuss with you what the procedure is likely to involve, the intended benefits, alternative investigations, significant, unavoidable or frequently occurring risks and any extra procedures which may become necessary. All of the information which will be discussed with you is included in this leaflet.

The examination
A nurse will stay with you throughout the examination. You will be asked to lie on your left side with your knees slightly bent. (This does not apply to patients with a stoma.) The examination is usually completed within 15 minutes.

After the examination
You must rest in the unit for up to an hour afterwards. You may feel a little bloated with wind pains but these usually disappear quickly. You may resume eating as normal.

If you have had inhaled pain relief, you must not drive for at least 30 minutes.
For a translation of this leaflet or for accessing this information in another format:

Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital
Telephone: 01276 526530
Email: fnht.palsfrimleypark@nhs.net

Heatherwood Hospital
Telephone: 01753 633365
Email: fnht.palsheatherwood@nhs.net

Wexham Park Hospital
Telephone: 01753 633365
Email: fnht.palswexhampark@nhs.net

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Website: www.fnhft.nhs.uk

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Website: www.fnhft.nhs.uk

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<td>Dr Sass Levi Kathy Friend</td>
<td>Lady Sobell GI Unit</td>
<td>H/007/15</td>
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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. Please therefore always check specific advice or any concerns you may have with your doctor.

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