

For a translation of this leaflet or for accessing this information in another format:

Large
Print



Easy to Read



Translation



Audio



Braille

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

Frimley Park Hospital

Telephone: 01276 526530

Email: fhft.palsfrimleypark@nhs.net

Heatherwood Hospital

Telephone: 01753 633365

Email: fhft.palswexhampark@nhs.net

Wexham Park Hospital

Telephone: 01753 633365

Email: fhft.palswexhampark@nhs.net

<p>Frimley Park Hospital Portsmouth Road Frimley Surrey GU16 7UJ</p> <p>Hospital switchboard: 01276 604604 Website: www.fhft.nhs.uk</p>	<p>Heatherwood Hospital London Road Ascot SL5 8AA</p> <p>Hospital switchboard: 01344 623333 Website: www.fhft.nhs.uk</p>	<p>Wexham Park Hospital Wexham Slough Berkshire SL2 4HL</p> <p>Hospital switchboard: 01753 633000 Website: www.fhft.nhs.uk</p>
--	---	---

Title of Leaflet	Flexible Sigmoidoscopy				
Author	Sandhya Kalsi, Clinical Matron		Department	Endoscopy	
Ref. No	H/052/1	Issue Date	July 2018	Review Date	July 2020

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.

Committed To Excellence

Working Together

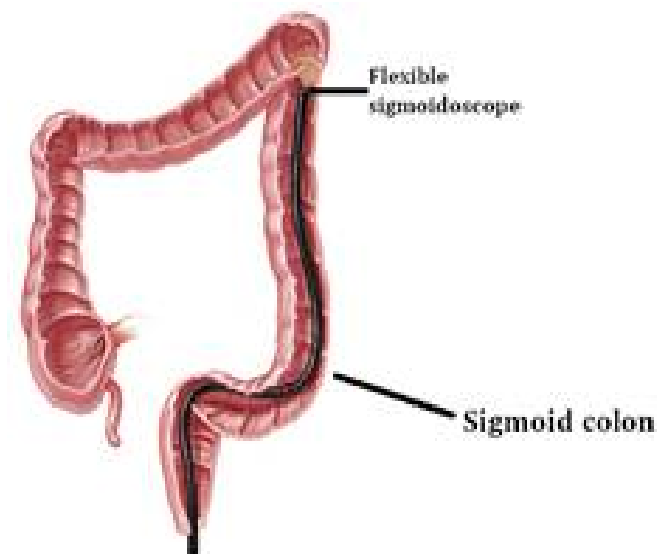
Facing The Future

NHS

Frimley Health
NHS Foundation Trust

Endoscopy Unit

Flexible Sigmoidoscopy



Information for patients, relatives
and carers

Committed To Excellence

Working Together

Facing The Future

What is a “flexible sigmoidoscopy”?

A flexible sigmoidoscopy is an examination of the lining of the lower part (rectum and sigmoid colon) of your large bowel. We put a long, thin, flexible tube called a colonoscope into your anus (back passage) and pass it into your large bowel. The colonoscope is slightly thicker than your little finger and has a camera in its tip which sends pictures of the inside of your colon to a video screen.

Why do I need this test?

Your GP or hospital specialist has recommended you have this test to investigate the cause of your symptoms. There are many reasons for this investigation including: bleeding from your anus, pain in the lower abdomen, persistent diarrhoea, changes to your bowel habits, inflammatory bowel disease.

What are the alternatives?

A test called a CT colonography (scan) is available but we get better pictures from a sigmoidoscopy and can also take small samples for testing (biopsies) or remove polyps (growths on your bowel lining) at the same time, both of which help with your diagnosis.

Rigid proctoscopy can be performed in the outpatient department but it only looks at the very last section of your bowel (rectum).

If we find an abnormality in the lower part of the large bowel during a CT colonography or the rigid sigmoidoscopy, you would then need to have a flexible sigmoidoscopy to examine or treat it.

NOTES

Please use the space below to write any questions or queries you may have and bring this with you when you come into hospital.

Always ask anything you wish, no questions are trivial or ‘silly’. The person you ask will do their best to answer but, if they don’t know, they will find someone else who is able to discuss your concerns.

Who can I contact with queries and concerns?

For medication queries before or after your test, please contact the Endoscopy Unit Nurses' Station: Tel: 01276 526045, between 8.00am and 1.00pm, Monday - Friday.

If you want to change your appointment or need another information leaflet, please contact the Endoscopy Unit booking team:

Tel: 01276 526647/01276 604858
9.00am – 5.00pm, Monday – Friday.

What are the benefits?

A normal test result can reassure you that all is well. A flexible sigmoidoscopy can also help us reach a diagnosis (sometimes by taking biopsies) to make sure you are on the best treatment. If you have polyps, we can remove them during the procedure.

What are the risks?

A flexible sigmoidoscopy is an extremely safe procedure and serious complications are very rare. But they can include:

- **Bleeding:** It is common to pass small amount of blood from your anus if a biopsy or a polyp has been removed. This should only happen up to 12-24 hours after the procedure and is usually no more than a few teaspoons full. So do not worry if you open your bowels after the test and notice some blood.
- **Perforation:** We take every care to avoid perforation; but if it happens your abdomen may become painful and bloated. You may need medicine, need to stay in the hospital, have more tests such as a CT scan or, in extremely rare cases, you may need surgery to repair the hole.

The risk of making a perforation (hole) during this test is less than 1 in 5,000.

- **Failure to complete:** Occasionally, the procedure may need to be abandoned or may be incomplete; for example, if you find the procedure too uncomfortable or if an enema did not empty the lower part of your bowel completely. In this case, the procedure may need to be repeated or we may suggest an alternative procedure.

Will I need painkiller?

Most people tolerate this procedure well without sedation. However, if you feel you would find it difficult to relax for the test, Entonox® for pain relief can improve your comfort so that the endoscopist can perform the procedure successfully.

Entonox® (gas and air)

Entonox® is a powerful pain killer. It provides rapid, safe and effective short-term pain relief. You may already know that Entonox® is used to relieve pain during childbirth. You are able to drive a car after 30 minutes of its use.

Please read the attached advice sheet on Entonox®. If you have not received this, please ring the booking office on 01276 526647 / 01276 604858, between 9.00am and 5.00pm, Monday – Friday and we will send you a copy.

Do I need to prepare for the Flexible sigmoidoscopy?

We need to get a clear view, so your lower bowel must be clean. You need to give yourself an enema 2 hours before your appointment time. An enema is safe and easy to use at home. Please read our advice sheet, 'Guidance on using an enema', which explains how and when to use the enema at home.

It is not necessary for you to stop eating and drinking unless you have received oral bowel preparation rather than an enema.

If you have received bowel prep rather than an enema, please follow the instructions provided with the bowel prep about eating and drinking before your appointment.

Care provided by trainees.

Our department supports clinical training and so there may be a trainee nurse or doctor assigned to the procedure list. We will make the investigation as comfortable as possible for you.

If you do not wish to have your care or procedure undertaken by a trainee, please advise the staff. Neither your treatment nor timings will be affected by your decision.

What should I bring with me to hospital?

- the name and contact number of the person collecting you
- a list of medications including herbal and over the counter medications
- a list of allergies to medication, food or substances
- please bring your essential medications such as insulin, Parkinsons medication, epilepsy medications, etc.

Please do not bring any valuables with you. The hospital cannot accept responsibility for the loss or damage to personal property during your stay in endoscopy.

How long does the test take? What happens after the test?

It usually takes 5 – 10 minutes. It may take longer depending on what needs to be done.

Patients with morning appointments should be ready to be discharged from the unit between 11.00am and 1.00pm. Patients with afternoon appointments should be ready for discharge between 4.00pm and 6.00pm.

Depending on whether you have agreed for the procedure in the morning or afternoon, you should plan to be in the endoscopy unit for that whole morning or afternoon.

A nurse will give you any necessary paperwork before you leave the department. We will also send a copy of the report to your GP or the hospital specialist.

What happens when I go home?

- You may feel a little bloated and have some mild cramps due to gas that was put into your bowel during the procedure; this will soon settle.
- You may notice a little blood with your next bowel movement, on your underwear or toilet tissue.
- You can eat and drink as normal and continue to take your regular medication unless advised otherwise.

Do I need to stop taking my medication?

You can continue to take your routine medication.

If you take blood thinning medication, you may need to stop taking them for a short time.

If you have not been advised whether you need to stop or continue to take them, please contact us on 01276 526045, between 8.00am and 1.00pm, Monday – Friday.

If you have been advised to stop your food or drink and you are diabetic, please read our advice sheet. If you have not received this, please ring the booking office on 01276 526647 / 01276 604858 and we will send you a copy.

If you take iron tablets, if possible, stop taking them at least one week (preferably up to two weeks) before the flexible sigmoidoscopy.

If you are taking any other medications, in general you can take these as usual, unless your doctor has advised you otherwise.

Consent

We must by law obtain your written consent to any procedures beforehand. We want to involve you in decisions about your care and treatment. Staff will explain all the risks, benefits and alternatives. If you decide to go ahead, we will ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a member of staff.

What happens when I arrive for my test?

Please note that your appointment time is the time that you should arrive in the department. It is not the time of your actual procedure. We recommend that you plan to be with us for the whole morning or afternoon, depending on your time slot.

When you arrive, a nurse will fill out an assessment form with you and ask you about your arrangements for getting home.

The nurse will check your temperature, blood pressure, pulse, respiration rate and your oxygen levels. If applicable, the nurse will check your INR and blood sugar levels. We will ask you to change into a hospital gown, remove your underwear and put on a pair of dignity shorts. There are single changing cubicles available in the unit.

What happens before the test?

A nurse will take you into the endoscopy room and make you comfortable on an examination trolley. The nurse will monitor your blood pressure, pulse, respiration rate and your oxygen levels during the test. The nurse will ask you to lie down on your left side. The nurse or endoscopist will give your choice of pain relief (sedation or gas and air) now. If you are having a sedative, oxygen will be given through a sponge placed in your nostril.

What happens during the test?

A nurse will be with you at all times during your procedure to reassure you and talk you through what is happening.

The endoscopist will gently put the colonoscope into your anus and move it along the lower part of your bowel. They may ask you to change position to:

- make you more comfortable.
- make it easier to pass the colonoscope around your bowel.
- and / or make sure they can see as much of the inside lining of your bowel as possible.

We will put gas into your bowel so that we can see better. You may feel 'wind' or cramps during the procedure and perhaps the occasional 'twinge' as the colonoscope is pushed around bends. It should not be painful. If it is, please tell the endoscopist.

The endoscopist can take biopsies or remove polyps during the test, by passing thin instruments through the colonoscope. This does not hurt and you may not feel it happening at all. During the test medical photographs are taken for the report.