Having a Flexible Sigmoidoscopy
A guide to the test
Outpatient information
Your doctor has recommended that you have a Sigmoidoscopy. This leaflet will explain the procedure and what to expect on the day of your test. If you have any further questions, please telephone the department or discuss them with a member of staff.

What is a Sigmoidoscopy?

A sigmoidoscopy is an extremely useful test that examines the lower part of your large bowel (colon). A flexible tube with a camera on the end is used for this procedure and is passed through the back passage, and around the lower part of your large bowel. Pictures from this camera are seen on a television screen by the endoscopist. The test takes 5 - 15 minutes depending on how difficult it is to pass the camera around the bends in your bowel.

Why am I having a Sigmoidoscopy?

Your doctor may have referred you for a sigmoidoscopy to investigate symptoms you have been having such as a change in bowel habit, rectal bleeding, or he may want a review of a problem that has been found before like polyps or colitis.
A sigmoidoscopy is a straightforward way of examining your lower bowel; therefore, it is often the first test that the doctor will request when you are experiencing bowel problems. It may; however, be necessary to undertake further tests such as a colonoscopy, barium enema or a CT scan following this investigation.

During your sigmoidoscopy, the endoscopist (doctor or nurse practitioner) may take a small piece of tissue (biopsy) to aid diagnosis. It may also be necessary to remove polyps from the bowel wall. Both removing polyps and taking biopsies is painless and is achieved by passing special equipment down the inside of the camera - you will not feel this. All tissue samples have to be sent away to the laboratory so the results will not be available straightaway. You will be able to discuss the results of your biopsies with the doctor who referred you.

**What are the benefits to having a Sigmoidoscopy?**
A sigmoidoscopy provides detailed information of the appearances of the lining of the bowel. The information gained during your test may reveal a cause for your symptoms and will assist your doctor in your further treatment. If you prefer not to have a sigmoidoscopy, we would advise you to discuss the implications with your doctor.

**What are the alternatives to having a Sigmoidoscopy?**
Another method of examining the colon is a CT scan. Although this investigation offers valuable information, it provides less information about the lining of your bowel and does not allow biopsies to be taken or procedures such as the removal of polyps.
What are the risks of having a Sigmoidoscopy

The risks associated with your test are detailed on your consent form and below. Please read this. If you have any questions, speak to the nurse or endoscopist on the day, or alternatively, ring the endoscopy unit. Complications are rare but it is important that you are aware of them before the test begins. As with any medical procedure, the risk must be compared to the benefit of having the procedure carried out.

- Having a sigmoidoscopy carries a small risk of making a hole in the bowel wall (a perforation) this occurs in 1: 1,000 examinations. Perforations usually need to be repaired with an operation and might require a temporary stoma (a surgical constructed opening that permits the passage of waste)
- If the doctor removes a polyp, then the risk of perforation, although still rare, increases slightly to 1: 500 occasions
- Bleeding from the back passage can occur after the test, especially if biopsies are taken. Bleeding is more common after a polyp has been removed. Bleeding usually stops without any treatment; however, occasionally treatment may be needed to stop this

What preparation will I need for my Sigmoidoscopy?

Prior to your examination, you will need an enema to clean and empty the bowel. This ensures that the endoscopist can see the bowel lining clearly. An enema may have been sent to you in the post so that you can administer it at home (the instructions and enema will be with your letter); alternatively, an enema will be administered by the nursing staff in the department.
If you are unable to administer the enema yourself, don’t worry. Bring it with you to the endoscopy unit on the day of your appointment and one of the endoscopy nurses will do this for you.

**Will the procedure be uncomfortable?**

For many people, a flexible sigmoidoscopy is only slightly uncomfortable, you may feel a cramp like discomfort as the camera passes around bends in the bowel. This soon eases when the bend has been passed.

If you would like some pain relief during the procedure, Entonox is available.

**What is Entonox?**

Entonox is the gas and air mixture commonly used by women during childbirth - it can help with the discomfort during your sigmoidoscopy. The gas is administered by a special mouth piece which you will hold yourself during the procedure. The Entonox gas works within 30 seconds and you may feel slightly light headed and sleepy. You control the amount of gas that you have yourself by simply removing the mouthpiece but the nurse looking after you will monitor you closely throughout the procedure and make sure you are using the gas successfully.

Entonox has some rare side-effects; these are mild nausea, dizziness and a dry mouth. As the effects of Entonox wear off quickly so do the side-effects.
One of the benefits of Entonox is that when the procedure is over, the gas is rapidly eliminated from the body so you can usually leave the department soon after your procedure, if you feel well.

You can drive 30 minutes after the test or use public transport as long as you feel back to your normal self. You will not need anyone to look after you.

**Entonox is NOT suitable for everyone (particularly if you have COPD or a collapsed lung). Please discuss your options with the nurse and / or the endoscopist before your test.**

**Do I keep taking my tablets?**

- If you are taking **iron tablets** (ferrous sulphate), please **stop** them 7 days before your test
- Please telephone the endoscopy unit if you are taking tablets that prevent blood clots. Examples of blood thinning tablets are Warfain, Dabigatran, Apixaban, Rivaroxaban, Aspirin, Clopidogrel (Plavix) or Dipyridamole, (persantin), Prasugrel (Efient), Tigralor (Brilligue), Acenocoumarol (Sinthrome)
- If you are a diabetic, continue your medication and eat normally
- Please continue to take all your other medication as normal

**What should I bring on the day?**

You may wish to bring your dressing gown and slippers. You will be asked to change into a hospital gown that is open at the back, before your test.
Please bring a list of medication that you take and also any medication that you may require whilst in the department such as GTN spray, inhalers and insulin. Please do not bring valuables to the department or wear lots of jewellery. Please can you also ensure that you remove nail varnish as this interferes with the signal we receive from our monitors about your oxygen levels.

**What will happen on the day of the test?**

When you arrive at reception in the endoscopy unit, your personal details will be checked. The assessment nurse will collect you and take your medical history, discuss and explain the test and take your blood pressure and pulse. You will be able to ask any questions and discuss any worries or questions that you have about the test. You will be asked for your consent form (supplied with this leaflet). This will be attached to your notes and taken to the procedure room. Please make sure that you have read this through before you come for your test as when you sign this form you are agreeing that this is a test you want - remember, you can change your mind about having this procedure at any time. The endoscopist will discuss the consent form with you.

**Please note:** every effort will be made to see you at your appointment time; however, due to hospital in-patient emergencies, delays may occur. The endoscopy staff will keep you informed of any delays.
What happen in the procedure room?

You will be greeted by two nurses who will remain with you during the test. If you would like the option of using Entonox as pain relief during the procedure, the nurse looking after you will show you how to use the mouthpiece that delivers the gas. You will then be asked to lie on a trolley on your left-hand side with your knees slightly bent towards your chest. Your pulse and oxygen levels are monitored by a probe placed on your finger during the test. The endoscopist will initially examine your back passage with a finger to make sure it is safe to pass the camera, and then introduce the endoscope into your back passage and guide it around your bowel.

During the procedure, the endoscopist introduces air into the bowel. You may experience bloating from the air and a period of discomfort as the camera goes around a bend in the bowel. Usually, this will ease once the bend has been passed. Air can also be relieved by passing wind (this is normal and you must not be embarrassed as the endoscopist will expect you to do this). If you are finding the procedure more uncomfortable than you would like, please let the nurse who is looking after you know. You may also be asked to change position during the test e.g. roll onto your back to make the procedure easier and more comfortable.

Please note: all hospitals in the trust are teaching hospitals and it may be that a trainee endoscopist performs your procedure under the direct supervision of a consultant, registrar or nurse practitioner.
What happens if a polyp is found?

One of the aims of sigmoidoscopy is to detect polyps. Polyps are growths that can occur on the bowel wall that can range in size. Some are perfectly innocent but others can slowly develop into bowel cancer, if they are not removed. Removing polyps is a simple and painless procedure, this is termed a polypectomy.

What happens after the test?

You will be transferred to the recovery room after the test. Most patients are able to leave the department 20 minutes after the test.

The recovery nurse will prepare you for discharge home and give you after-care instructions. You may experience some stomach cramps and feel bloated due to the air left in your bowel, this is normal and should clear within 24 - 48 hours.

When will I get my results?

A full report will be sent to your referring doctor and your GP. The endoscopist or nursing staff will usually have the opportunity to speak to you after your test regarding the results. An appointment to see the doctor who referred you for the test will be sent to you in the post or given to you in the department. Any enquires regarding your outpatient appointment should be directed to your consultants secretary. If you feel that you are waiting a long time for an appointment to discuss your results, your GP will also have a report so you can see them too.
This leaflet has been designed as a general guide to your test. If after reading this you have any questions that you feel have not been answered, please contact the endoscopy department on the numbers below.

**Administration Team:** for any enquiry about your appointment including cancellation. Also, contact this number if you require an interpreter or transport.

Telephone: *(0113) 392 8672*

**Monday - Friday, 9.00 am - 4.00 pm**

**Nursing Team:** please contact this number if you would like advice on your medication, your bowel preparation, or any other medical question or worry.

Telephone: *(0113) 392 2585*

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