

FLEXIBLE SIGMOIDOSCOPY INFORMATION SHEET

Unless you have been given specific information otherwise **please purchase two sachets of Picosalax (or Picolax or Picoprep) from the chemist well in advance of your procedure**

How do I need to prepare for the flexible sigmoidoscopy?

Please advise us well in advance if you are a diabetic who uses insulin, or are on any blood-thinning medications, as special instructions will need to be given.

You may take all your medications as usual unless you have been given specific instructions otherwise.

The colon usually contains faecal matter. In order for the inside of the colon to be seen properly, this waste matter must be eliminated prior to the test.

- At 6pm the day before your procedure please make up one sachet of Picosalax in 150mls of water and drink.
- On the day of the procedure you are only allowed to drink clear fluids
- Four hours before your admission time please make up a second sachet of Picosalax in 150mls of water and drink.
- Beginning two hours before your procedure you must fast from all food and liquids (including water)

What is a Flexible Sigmoidoscopy?

You have been advised to have a flexible sigmoidoscopy. This is a procedure which can help investigate the cause of many bowel symptoms and signs. It is also commonly performed as a follow-up to a previous colonoscopy when a polyp has been removed and the polyp site needs to be re-inspected to ensure that all the polyp has been removed. It is also sometimes performed to follow up previously noted inflammation, in order to check that the inflammation has resolved. However, there are many other reasons that you may need the procedure and if you have any doubt as to why you are having it then you should ask your doctor or your referring doctor.

The procedure enables the doctor to look inside a short portion of your colon (also called the large bowel, or the large intestine). It involves a flexible sigmoidoscope being carefully inserted into your rectum and navigated around your large bowel. The flexible sigmoidoscope is essentially a long flexible tube with a camera at the end. This camera allows images of the inside of the colon to be transmitted to a TV monitor so that the bowel can be visualised during the examination.

Sometimes the doctor may need to take a specimen of the lining of the bowel so that it can be examined under the microscope. This is called a biopsy and can be done through the sigmoidoscope. This is painless and does not damage the bowel wall.

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Does it hurt?

The anaesthetist uses strong drugs to sedate you so that you usually do not feel any discomfort during the procedure, and most of the time you wake up afterwards and are not even aware of having had it done. If however you would prefer to have minimal (or no) drugs then this can also be accommodated, although the tolerability then often depends on the individual patient, and this should be discussed with the doctor beforehand.

What are the complications that are associated with the procedure?

A flexible sigmoidoscopy is usually a safe procedure and many thousands have been done all around the world. However, as with all invasive medical procedures, there can be complications. These include perforation, bleeding, and consequences of the sedative drugs. These are all rare but potentially can require surgery and even be life-threatening (overall complication rate estimated at 0.35% for diagnostic procedures, and 2.3% if a polyp is removed). The sigmoidoscopes are cleaned and disinfected after each procedure, and the risk of transmission of infections is extremely low, however, it cannot be totally excluded. If you have any concerns, then please speak with your doctor or your referring doctor.

What are the alternatives to having a flexible sigmoidoscopy?

Depending on the reason your doctor has requested a flexible sigmoidoscopy, other possible ways to examine the bowel include a barium enema, CT scan, ultrasound, or MRI. Once again it is dependent on the reason that the flexible sigmoidoscopy has been requested but in general, these radiological investigations are often not as good as a flexible sigmoidoscopy, especially at picking up small lesions. In addition, when you have a flexible sigmoidoscopy biopsies of the colon can be taken so that they can be examined under a microscope. Also, if polyps are found, because they can be pre-cancerous, they can also be removed at the time of the procedure. If however you are concerned about having a flexible sigmoidoscopy and would prefer one of the radiological alternatives, then please speak with your doctor or your referring doctor.

What if I don't have the flexible sigmoidoscopy?

Usually, a flexible sigmoidoscopy has been requested by your doctor so that a cause for your symptoms or abnormal investigations can be found, or in order to follow up previously noted abnormalities. If these are not investigated then serious pathology including cancer may not be detected.

What happens if I have my period on the day of the flexible sigmoidoscopy?

You can still have the procedure but please use tampons on the day.

What happens if I have a cold in the days leading up to the flexible sigmoidoscopy?

Usually having a simple viral infection will not stop you from having the procedure. If you are bringing up coloured sputum, have a fever, or shortness of breath, then please contact our rooms and you will be given the appropriate advice as to whether it is safe to proceed.

What do I need to bring with me to the hospital on the day of the flexible sigmoidoscopy?

You should bring something to keep you occupied whilst you wait for your procedure to be done. Whilst we try and run on time, sometimes if there was an emergency case or if the patient before you was an unexpectedly complicated case then this may delay the rest of the endoscopy list. You should plan on being at the hospital anywhere from 3 to 5 hours.

What should I not bring?

Please do not bring any jewellery and remove all body piercings.

What happens once I arrive at the hospital?

When you come to the hospital ask for directions to the endoscopy unit. A member of the department will escort you to your room and will explain the investigation to you. If you have any questions at all then do not be afraid to ask. We appreciate that to have any sort of medical procedure is sometimes a little concerning and the team is here to ensure that you are as relaxed as possible. Once you have had the opportunity to ask questions you will be asked to sign a consent form agreeing to have the procedure.

What happens once I am in the procedure room?

A small plastic sheath called an IV cannula will be inserted into one of the veins in the back of your hand. This allows the sedative drugs to be administered. You will be connected to heart and lung monitoring devices and given oxygen to breathe. You will be asked to lie on your left side, be given the sedation and the procedure will then commence. It usually takes 10–15 minutes.

What happens once the procedure is completed?

You will be taken back to your room where you will be allowed to recover from the sedation. It is perfectly normal to have some gas retained in your bowel even when the procedure is finished and you may have some minor discomfort associated with this. This usually resolves quickly once you are able to pass this gas. Once you have fully recovered, you will be given a cup of tea or coffee and some sandwiches. The findings of the procedure will be explained to you at this time.

The sedation can cause amnesia and sometimes even though you are perfectly conscious and seem to understand everything that is explained to you, once you get home you may find that you are not able to remember what you were told. If this occurs then the findings can be reiterated at your follow-up appointment or by your referring doctor who will receive a written report of the procedure.

Please also note that for 24 hours after the anaesthetic is given you must:

- Not drive
- Not go home unaccompanied
- Not stay at home unaccompanied
- Not go to work
- Not operate machinery or dangerous household objects
- Not sign any legal documents
- Not drink alcohol
- Not be the sole carer of a minor

If you do not follow this advice and an adverse outcome occurs then you could be legally liable, and any insurance that you have may not be valid.

WHAT TO EXPECT AFTER YOU HAVE HAD YOUR FLEXIBLE SIGMOIDOSCOPY

After your endoscopy, you are likely to feel a little drowsy until your sedation gradually wears off. If you had a gastroscopy then your throat might feel a little sore, and you may feel bloated, but these sensations should wear off within 24 hours. If you had a colonoscopy then you may also feel bloated and have some minor cramping abdominal pain which should wear off within 24 hours. Your bowel habit may take a few days before it returns to normal. If you had a polyp removed or if biopsies were taken, then it is normal to experience a small amount of bleeding for up to a few days after the procedure.

Following your procedure, the findings will always be explained to you. The sedation used has some amnesic properties (i.e. it makes you forget) and if you cannot remember the explanation, please advise the nursing staff so the doctor can discuss this with you again before you leave the hospital. If you get home and then realise you cannot remember what was explained, please contact our rooms.

You may recommence all your usual medications unless you have been given specific instructions to the contrary.

You may resume a normal diet unless you have been given specific instructions to the contrary. If you had a colonoscopy then it is particularly important to drink a lot of fluids to ensure adequate hydration. If you do not pass as much urine as is normal for you, then contact our rooms (during working hours) or the hospital (after hours).

Even if you feel as if you have recovered completely, we know that the medications can still affect you and for this reason, we would strongly advise you for the next 24 hours:

- Not to drive
- Not to go home unaccompanied
- Not to stay at home unaccompanied
- Not to work
- Not to operate machinery or dangerous household objects
- Not to sign any legal documents
- Not to drink alcohol
- Not to be the sole carer of a minor

If you do not follow this advice and an adverse outcome occurs then you could be legally liable, and any insurance that you have may not be valid.

If you develop more than minor rectal bleeding, new abdominal pain, abdominal swelling, fever, difficulty swallowing, sore throat, cough or vomiting (and these are not symptoms you had prior to the procedure) then you should contact our rooms. If it occurs after hours then you should attend the Emergency Department, but the following day, please also notify our rooms so that the doctor is aware of the new developments.