



Having a Flexible Sigmoidoscopy

Information for patients and carers

Important

If you are unable to keep your appointment, please telephone the appropriate number as soon as possible, so that the appointment can be allocated to another patient.

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What is a Flexible Sigmoidoscopy?

You have been advised to have a Flexible Sigmoidoscopy to help find the cause of your symptoms.

A Flexible Sigmoidoscopy is a technique to look directly at the lining of the left side of your large bowel/intestine (colon). This is to help find out what is causing your problems.

The instrument used for this procedure is an endoscope. The endoscope is a thin, flexible tube. It has a bright light on the end and is passed through your back passage and into your bowel. It allows samples of tissue (a biopsy) or removal of small warty growths (polyps) to be taken painlessly for testing later.

What are the risks associated with this procedure?

- perforation of the bowel (making a hole) is an uncommon complication (less than 1 in 900). The risk is increased if a polyp needs to be removed (on average 1 in 460 cases). This may require an operation to repair the damage
- bleeding can complicate polyp removal (severe bleeding occurs in less than 1 in 900 cases). Rarely, this may require a blood transfusion and less commonly surgery
- in approximately 10% of people it may not be possible to complete the procedure. This can be for a variety of reasons, including failure to clean the bowel sufficiently, mechanical failure or toleration of the procedure.

Like all tests, this procedure will not always show up all abnormalities and on rare occasions, abnormalities may not be identified. The person doing the test will discuss any questions you may have about the risks.

What are the side-effects of the procedure?

You may have bloating and abdominal discomfort for a few hours as air or CO₂ (carbon dioxide) gas is used to inflate your bowel.

What are the benefits of this procedure?

Flexible Sigmoidoscopy is the only test that allows direct inspection and sampling of the bowel wall. During this procedure small polyps can also be removed.

What are the alternatives to this procedure?

Barium Enema, CT scan and a newer technique referred to as virtual colonoscopy can show the bowel lining but can not sample tissue. Even though you are having a Flexible Sigmoidoscopy, you may still require one of these other procedures at a later stage.

Preparing for a Flexible Sigmoidoscopy

Please read the following information carefully. If you do have any queries, contact the unit where you will be having your procedure. Also enclosed is a consent form. Please read this carefully and ensure you bring it with you to your appointment where it will be completed.

Do not eat for 4 hours prior to your appointment. You may have water up to 2 hours prior to your appointment. The left side of your bowel will be cleaned properly using a liquid preparation which you drink or an enema on arrival if suitable. The preparation instructions will be enclosed with this letter.

If you are due to have an enema in the Endoscopy Department please arrive at 20 minutes earlier than your appointment time and be aware that this may cause a slight delay to your appointment.

What about my medication?

Your routine medication should be taken. **If you are on iron tablets (Ferrous Sulphate and many others) or drugs for loose stools (loperamide (Imodium), lomotil, codeine phosphate etc you must stop them one week before to your appointment.**

Please telephone the unit for advice if you are taking warfarin or other drugs to reduce blood clotting: Clopidogrel (PLAVIX).

Please bring a complete list of all the medicines that you take regularly when you come for your procedure.

When you arrive at the endoscopy unit

Please report to the reception desk in the endoscopy unit where a receptionist will check your details. Please bring a dressing gown & slippers for your comfort. Please inform us if you think you have a latex allergy or if you think that you may be pregnant.

- please do not bring any valuables with you
- please do not wear any nail varnish, lipstick or jewellery

The procedure will be explained to you, to make sure you understand the benefits and possible risks, as detailed in this leaflet. We want you to feel as relaxed as possible and will be pleased to answer any questions that you might have about the procedure. Provided you are satisfied for the procedure to be performed, you will be asked to sign the enclosed consent form confirming your understanding and acceptance of the procedure.

This form also asks for your consent to further procedures that may be necessary, including taking tissue samples (biopsies) that may be helpful in diagnosing your problem. Tissue may be used for research purposes but you can request that samples are not used for this purpose.

You will be taken to a private room and asked to change into a hospital gown.

The procedure

You will be taken into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions. You will be asked again whether you understand the information and explanation and are willing to proceed with the test. The endoscopist will also sign the consent form.

You will be offered the use of 'gas and air' (Entonox and nitrous oxide gas) during the procedure to reduce discomfort. If you wish to use gas and air you will be shown how to use it before the procedure starts.

The back passage will be lubricated and examined using a finger before the endoscope is inserted. Once inserted air is passed into the bowel to inflate (distend) it. This helps to give a clearer view. You may experience wind type pains which should not last too long. You may also feel the sensation of wanting to go to the toilet. You may pass wind and although this may be embarrassing for you, please remember that the staff understand and expect this to happen. Some discomfort can be caused by stretching of the bowel but the endoscopist will try to keep this to a minimum. You may be asked to roll on to your back or front during the procedure. This is normal practice and helps the passage of the endoscope.

The procedure usually takes between 5 – 15 minutes but can take longer if a polyp has to be removed. If a polyp or biopsy

needs to be taken, a wire snare or forceps will be passed through the endoscope to do this. The base of the polyp is usually cauterised (burnt) in the process. This reduces the risk of bleeding. A sample of the bowel wall may be taken to help with your diagnosis. There is no pain caused by removing tissue. Any photographs taken will be recorded in your notes.

How long will I be in the endoscopy department?

The appointment time you have been given is the time you should arrive at the unit. It is not the time of your procedure. Sometimes a person who has arrived after you may be taken through to a procedure room before you. Do not be alarmed. We perform different procedures on various lists throughout the day and their appointment may be for a different list. It does not mean that they have been given priority over you. You should expect to be in the department between 1 – 3 hours. We will endeavour to keep you informed of any expected delays.

Going home after the procedure

You will be able to go home as soon as you are ready after the procedure if you have not had any polyps removed. The wind pains and bloating should have settled. It is important you tell the nurse if they have not, or if they are becoming worse. When home you can get back to normal.

When will I know the results?

Before discharge, you will be given a brief outline of the test results. If a biopsy or polyp has been removed, the laboratory results will take longer, about 14 days. The nurse will advise

you to discuss the details of the results and any necessary treatment with your GP or hospital specialist. You will be given a copy of the endoscopy report to take to your GP and a copy for your own information. You will also be offered a copy of your consent form.

General points to remember

- if you can not keep your appointment please notify the department as soon as possible
- it is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is sometimes very busy and your procedure may be delayed.
- the hospital cannot accept any responsibility for loss or damage to personal property when on these premises
- please note that the unit is a mixed sex environment. However, every effort will be made to ensure your privacy & dignity whilst you are in the department
- following the procedure, if you have any problems with persistent abdominal pain or bleeding please contact your GP immediately, informing them that you have had an endoscopy
- if you are unable to contact or speak to your doctor, you must go immediately to the Accident & Emergency department

To contact us by telephone before your appointment:

Queen Elizabeth Hospital Birmingham Endoscopy Unit

Monday to Friday 09:00 to 17:00 – 0121 371 3838

Please keep this information safe in case you wish to refer to it in the future.

How to administer the enclosed enema (if applicable)

Administer the enema within a short walk of a toilet.

- lie on your left side with both knees bent
- remove the protective shield. Pull the shield gently while holding the bottle upright and grasping grooved bottle cap with fingers
- with steady pressure, gently insert the enema into the rectum with the tip pointing towards your navel. **DO NOT** continue if resistance is felt. Forcing the enema can result in injury
- squeeze the bottle until nearly all the liquid is expelled
- try to lie on your side for a few minutes so that the enema can reach the part of the bowel it needs to cleanse

When you can no longer retain the enema (it usually works within 2 – 5 minutes, maximum 10 minutes), make your way to the toilet and expel the contents of your bowels.

You should now be able to make your way to the hospital without risk.



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm

Contact telephone numbers:

Booking team

Telephone: 0121 627 2209

Endoscopy Unit

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Mindelsohn Way, Edgbaston

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Telephone: 0121 371 3838
