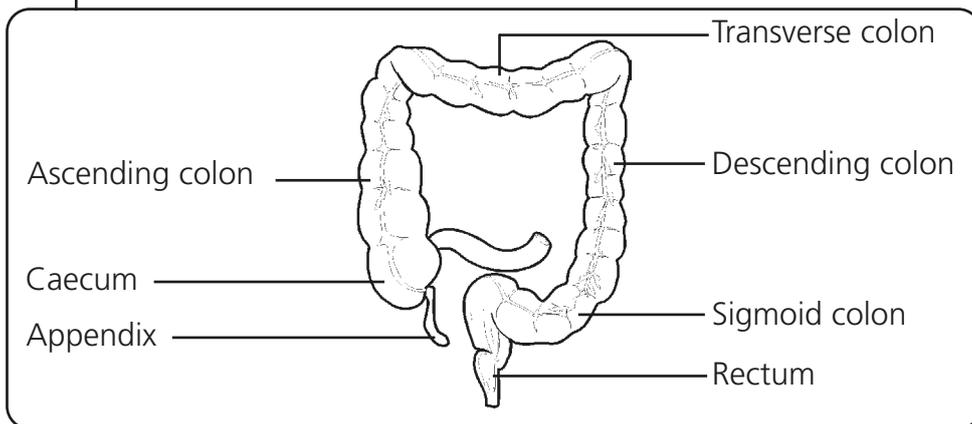
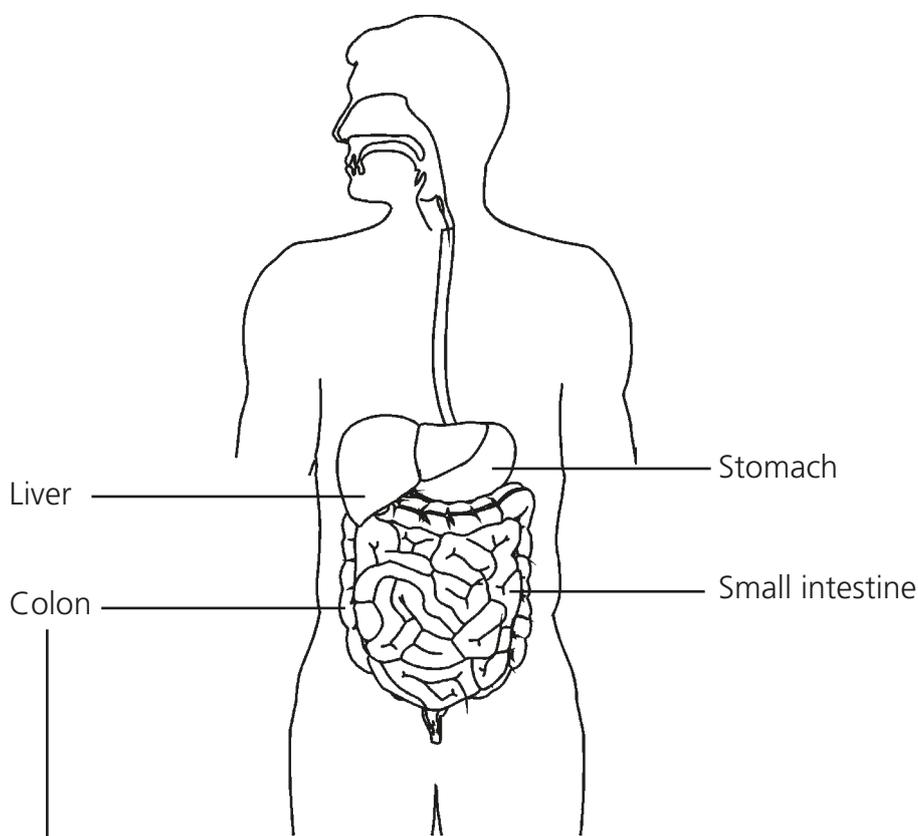


# Flexible Sigmoidoscopy

## A Guide to the Procedure

Please read all your information leaflets as they give you instructions you will need to follow.

### The Colon



The time of your arrival will be indicated on your letter. This is to allow time for your assessment and admission to be completed by the nurses. You may receive a telephone call from a pre-assessment endoscopy nurse to go through the procedure in more detail with you. Your actual procedure time will therefore differ from your arrival time and you may well be in the Endoscopy Unit for the whole morning or afternoon. Please be prepared for what may be a long wait if unforeseen alterations to the consultant's list occur. Emergency inpatients take a greater priority. Bring a good book with you!

## Why do I need to have a flexible sigmoidoscopy?

- Investigation of the lower large bowel may be necessary to help find the cause of your symptoms, help with treatment and, if necessary, to decide on further investigation.
- Follow-up inspection of previous disease.
- Assessing the clinical importance of the abnormality seen on an x-ray, or CT scan.
- A barium enema examination or a CT scan are alternative investigations to flexible sigmoidoscopy but samples of the bowel cannot be taken if an abnormality is found. A subsequent endoscopic examination may therefore be required.

## What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a very accurate procedure in which the doctor or nurse endoscopist uses an instrument called a Flexible Sigmoidoscope to look directly at the lining of the large bowel (colon). The scope is a long flexible tube about the thickness of your index finger which transmits a picture to a TV screen. This allows the endoscopist to have a very clear view to establish if there is any disease or inflammation present.

The test also allows samples of tissue (biopsy) from the lining of the bowel to be taken and sent to the pathology department if necessary. The collection of tissue is painless and these samples are retained for further testing should this be required.

A video recording and/or photographs may be taken for your records.

The procedure will be performed by, or under the direct supervision of, a trained doctor or nurse endoscopist, and we will make the examination as comfortable as possible for you. When you are having your flexible sigmoidoscopy you may be given sedation. As an alternative, or in addition to the sedation, Entonox (gas and air) may be used with your co-operation. If you choose to use Entonox as an alternative to sedation, you will be able to drive and operate machinery 30 minutes after its use.

## Current medication

If you are taking Warfarin, Clopidogrel, Dabigatran (Pradaxa), Rivaroxiban (Xarelto), Apixaban (Eliquis) or any other anticoagulant or antiplatelet agent (blood thinning agent) other than aspirin, **please ring the Endoscopy Department on 01392 402400 at least 1 week before your appointment.** This is necessary to allow time for arrangements regarding anticoagulant medication to be made prior to the appointment. An Endoscopy nurse will ask you some questions about your anticoagulant medication, such as why you are being prescribed the drug and inform you about preparation for your procedure.

You are advised to bring all your current medication with you for your admission. If you are having sedation, your medication will be kept with you or given to an accompanying adult.

## Preparation

It is necessary to have a clear view of the bowel. Please follow the bowel preparation leaflet carefully to ensure a good result, which is essential for a proper examination.

If you are taking oral bowel preparation, this will start 5 days before your flexible sigmoidoscopy.

If you are having a phosphate enema, then preparation starts either at midnight the day before your procedure or after 8am on the day of your procedure, depending on the time of your appointment.

## Endoscopy Unit Helpline

If you have any further questions regarding the bowel preparation, including possible side effects or any aspect of the procedure, please contact the helpline on **01392 402400**. The opening hours are Monday to Saturday from 8am to 6pm. If you have an urgent query outside of these hours, please ring your GP.

## How long will I be in the Endoscopy Department?

This largely depends on how quickly you recover from the sedation (if you have received any) and how busy the department is. Emergency inpatients are looked after by the department and these take priority over outpatient lists.

You will normally be able to go home 1-3 hours after the procedure. If you have been given a sedative injection, you **must** have someone to collect you from the Endoscopy Unit to take you home.

## What happens when I arrive?

When you arrive in the Endoscopy Unit you will be seen by a qualified nurse or healthcare assistant who will explain the procedure and you will be given the opportunity to ask questions.

You will also be asked some questions about your travel arrangements for getting home. If you have had sedation you will not be able to drive (your car insurance is invalid for 24 hours) or use public transport, so you must arrange for a family member or friend to collect you. The nurse will need a contact number so they can arrange for your collection once you are ready for discharge. If you have been given a sedative injection you must have someone to collect you from the Endoscopy Unit to take you home.

You will have a brief medical assessment regarding your medical condition and any surgery or illnesses you have had to establish that you are fit to undergo the procedure.

You will be asked to undress and change into a hospital gown. Please keep jewellery to a minimum. If at all possible, only wear wedding bands in order to avoid loss or damage occurring.

Please do not bring excessive amounts of money with you. You may bring your own dressing gown and slippers if you wish.

If you are having sedation, the nurse will insert a small cannula (small plastic tube) into a vein in either the back of your hand or your arm, through which the sedation will be given. Your blood pressure and heart rate will be recorded and, if you have diabetes, your blood glucose will also be recorded. Should you suffer from breathing problems a record of your oxygen levels will be taken.

## Intravenous sedation

Sedation is not often required for this investigation but if it is needed the sedatives and painkillers may be administered into a vein in your hand or arm and you will be in a state called conscious sedation. You will still be able to hear what is said to you and follow simple instructions during the investigation but you will feel drowsy. After the examination you may not remember anything because the sedation can affect your memory.

It is important to remember that after sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours, and someone will have to take you home. However, if you choose to use Entonox as an alternative to sedation, you may be able to drive yourself home and you will not need to arrange for anyone to stay with you at home after the procedure.

## The procedure

You will be taken to the Endoscopy treatment room where the procedure will be performed. After you have asked the endoscopist any further questions, you will be made comfortable.

The nurse looking after you will ask you to lie on your side and put the plastic oxygen monitoring clip on your finger or ear to monitor your pulse rate and oxygen levels during the procedure so that any changes can be dealt with quickly. A cuff will be placed on your arm to monitor your blood pressure.

If you have chosen to receive intravenous sedation, the endoscopist may give you a sedative injection, which will make you feel

sleepy and relaxed but not unconscious. Oxygen will be administered to you via small tubes into your nose.

The endoscopist will pass the flexible sigmoidoscope carefully through the anus and into the large bowel (colon). The flexible sigmoidoscopy involves manoeuvring the scope through your lower colon. There are some bends that occur naturally in the bowel and negotiating these may be uncomfortable for a short period of time. The sedation, pain killers and Entonox should minimise any discomfort experienced during these short uncomfortable periods.

Sometimes the endoscopist will take a very small piece of tissue (biopsy) for analysis in the laboratory. Should you have a polyp (a wart-like projection of tissue) the endoscopist may remove the polyp. This is called a polypectomy. Some polyps are attached to the intestinal wall by a stalk and look like a mushroom whereas others are flat without a stalk. Polyps are generally removed when they are found as they may grow and later cause problems.

## Polypectomy

A polyp may be removed by various techniques, some using an electrical current called diathermy.

For large polyps a, snare (wire loop) is placed around the polyp and it is then removed by applying a high frequency current.

Flat polyps (without stalks) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting a cushion of fluid beneath the polyp in order to raise it up. A wire loop can then be used to remove the polyp.

Smaller polyps may be removed with cupped forceps (with or without application of an electrical current) or a small snare without electrical current.

## After the procedure

You will be allowed to rest for as long as necessary. Your blood pressure and heart rate will be recorded and, if you have diabetes, your blood glucose will be monitored. If you have underlying breathing difficulties, or if your oxygen levels were low during the procedure, we will continue to monitor your breathing. You will

be offered light refreshments 30-60 minutes after your procedure. Before you leave the department the nurse or endoscopist will discuss any findings, medication and further investigations or appointments with you. You will be given a copy of the report to take home with you.

If you have been given a sedative injection, you must have someone to collect you from the Endoscopy Unit to take you home. This is because you have had sedation and the drug can remain in your system for about 24 hours. You may feel drowsy later on with intermittent memory lapses. You must arrange for someone to stay with you, or, if possible, arrange to stay with family or a friend.

The nursing staff will telephone the person collecting you when you are ready for discharge.

For the next 24 hours you should follow the instructions as laid out on the back page of this leaflet.

You may feel a little bloated with wind pains but these usually settle quite quickly. If you have had a biopsy or polyp removed, you may notice a small amount of bleeding. If this continues after 24 hours, or you are at all concerned, seek advice from your GP or phone the Endoscopy Unit Helpline for advice.

The bowel preparation you have taken may continue to work for up to 24 hours after your test. Please be aware that this may cause symptoms such as urgency, loose bowel motions and wind.

## Results

Sometimes the endoscopist or another member of the Endoscopy Team will be able to give you the results as soon as you have recovered from the sedation. However, if a biopsy was taken or a polyp removed and a clinic appointment is not required, you should contact your GP in 14 working days to discuss the results.

## Risks of endoscopic procedure

Flexible sigmoidoscopy is classified as an invasive investigation and it has the possibility of associated complications, such as reactions to medication, perforation (tear) of the intestine,

bleeding or rarely death. These complications occur extremely infrequently but we wish to draw your attention to them so that you can make an informed decision on whether to go ahead with the procedure.

- There is a 1 in 10,000 chance of procedure related mortality.
- Sedation can cause problems with breathing, heart rate and blood pressure. These problems are usually short-lived and are carefully monitored by a fully trained endoscopy nurse. Close monitoring means that any problems can be acted on quickly.
- The main risks are from mechanical damage, such as perforation or tearing of the lining of the bowel, and bleeding. These complications are rare but may require urgent treatment and even an operation.
- The risk of a perforation or tear is rare (1 in every 1000 examinations). An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.
- The risk of bleeding is approximately 1 in 100-200 examinations which involve polyp removal or biopsy. Bleeding of this type is typically minor with bleeding stopping on its own, or, if it does not, it can be controlled by cauterization or injection treatment.
- It is very important that we know about any other medical problems that you may have or for which you see your endoscopist. This is part of the process in deciding if this is the best test for you. This is because if there is a complication such as bleeding or perforation, the impact this may have on you personally depends very strongly on your general health. For example, someone who is fit and healthy will tend to tolerate complications far better than someone with a lot of health problems. We can discuss this further with you if you wish.
- No test is perfect. Every care will be taken to make the test as accurate as possible. We know that things can occasionally be missed in even the best hands. If you should develop any new or different bowel symptoms after your flexible sigmoidoscopy, then you should consider discussing things with your GP.

**Be sure to advise your GP if you have any severe pain, bloody stools or troublesome vomiting in the hours or days after Flexible Sigmoidoscopy.**

**If you are unable to speak to your endoscopist you must go immediately to the Accident and Emergency Department, informing them you have had an endoscopy. You will have been given a copy of your endoscopy report at the time of your procedure. If you need to come into hospital, bring this copy with you so that the team looking after you know what has been done and help identify a cause for your symptoms.**

## Consent

This leaflet has been written to enable you to make an informed decision about agreeing to have your procedure. With this information you may have been given a consent form. **The consent form is a legal document so please read it carefully.**

Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please sign and date the consent form. If there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken with a healthcare professional.

You will notice the consent form includes a carbon copy, or duplicate, so that you can keep a copy for your records. **Please bring both copies of the consent form with you when you have your procedure.**

**For further information on any aspect of the procedure, please contact: The Endoscopy Unit, tel: 01392 402400.**

If you have had sedation, it is important **for the next 24 hours** to have someone stay with you and to observe the following instructions.

- You should make arrangements for someone to take you home by car or taxi (public transport is not appropriate) **and to stay with you for the next 24 hours.**
- *Do not* drive a car or any other vehicle, including bicycles (note that your insurance is invalid if you do so).
- *Do not* operate machinery or appliances such as cookers and kettles.
- *Do not* drink alcohol.
- *Do not* make important decisions or sign important documents.
- *Do not* lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you.
- Drink plenty of fluids and eat a light diet.

Take things easy for the next 24 hours, and if you have any problems, please contact your GP.

After 24 hours, the effects of the sedation should have worn off and you should be able to resume normal activities.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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