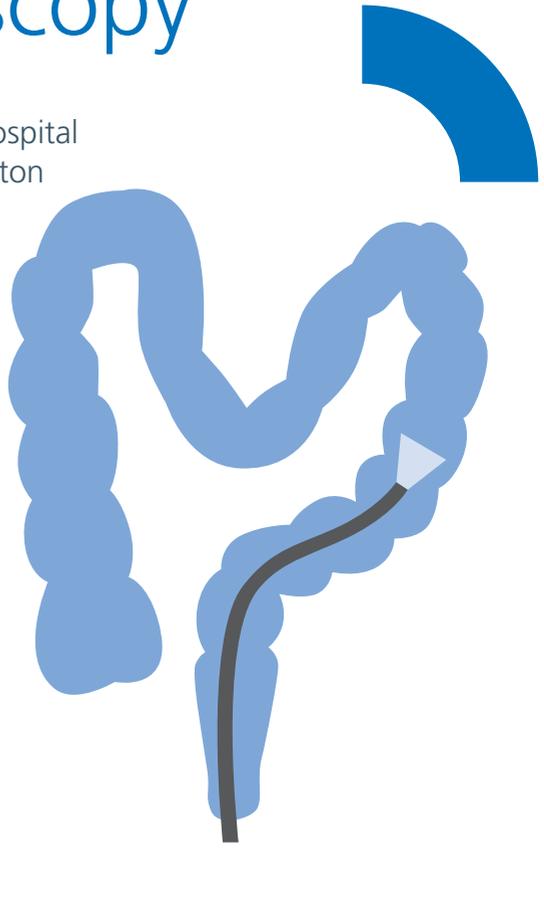


Flexible Sigmoidoscopy

The James Cook University Hospital
& Friarage Hospital Northallerton

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Endoscopy Unit
Patient Information



What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a test, which allows the doctor to look at the lining of the left side of your colon (large bowel). This test is done by passing a long flexible tube (the thickness of your index finger) through the anus and into the bowel. In some cases it may be necessary to take biopsies (small samples of tissue), these biopsies are taken using tiny forceps and these are sent to the laboratory. Taking biopsies is painless and very safe. It may also be necessary for the doctor to remove polyps from the lining of the colon.

The procedure takes approximately 15 minutes; your expected stay could be up to four hours. **However, the department is very busy and your investigation may be delayed if emergencies occur, these patients will obviously be given priority over the less urgent cases.**

Benefits

This examination allows the endoscopist to obtain a clear view of the left side of your colon. Any inflammation/ ulceration or disease if present can be treated accurately.

Why do I need a flexible sigmoidoscopy?

You have been advised to have this test to try and find the cause of your symptoms, help with treatment and if necessary, to decide on further treatment.

There are many reasons for this test including: bleeding from the back passage, abdominal pain and diagnosing the extent of some inflammatory bowel disease, follow-up inspection of previous disease and assessing the clinical importance of abnormalities found on xray.

A barium enema examination is an alternative to a flexible sigmoidoscopy, but it is not as informative as an endoscopy and has the added disadvantage that samples cannot be taken.

Prior to admission

You must keep taking any essential prescribed tablets. If you are diabetic or taking any anticoagulants (blood thinning tablets), you will be given the necessary instructions at the time of booking your test. Iron tablets must be stopped one week prior.

What happens in the endoscopy unit?

On the day of your procedure, you will be shown to your bed and asked to change into a gown, dressing gown (we do have some available) and slippers. **There are many patients admitted to the endoscopy unit each day and some waiting is expected. Please be patient and bring something to occupy yourself during this time.**

Your admission paperwork will be completed. You will be seen by a doctor /nurse who will discuss the procedure allowing time for you to express any worries or questions you may have, then ensuring you fully understand the procedure you are about to undergo, he / she will ask you to sign a consent form, giving the endoscopist permission to perform the procedure.

You will then be given an enema in order to clear the bowel. This is a small amount of fluid passed via a small tube into the rectum and stimulates the bowel to empty.

Intravenous sedation / pain relief

Sedation is rarely required for this procedure due to the limited extent of the procedure, however if required you will have an injection into a vein in your hand or arm. This will make you relaxed but not unconscious. You will be in a state called co-operative sedation. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation makes it unlikely that you will remember anything about the examination.

Gas and air (entonox) can be used for pain relief if it is appropriate. This will be discussed on the day of your test.

Your flexible sigmoidoscopy

For this examination you will be taken from your bed area to the endoscopy treatment room. You will be asked to lay down on your left hand side. If sedation is given, then oxygen will be administered during the procedure and a small probe will be placed on your finger to monitor your pulse.

The doctor will then pass the instrument through your anus and into your bowel.

After the procedure

When the test is completed you will then be transferred to the ward and observed by a nurse until you are ready for discharge home.

Any discomfort will soon disappear and no medication is needed.

Risks of the procedure

Having a flexible sigmoidoscopy is classified as an invasive investigation and because of that has the possibility of associated complications. These occur extremely infrequently

Sedation:

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.

The procedure:

Perforation (risk approximately 1 for every 15,000 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal (less than 1 in 100).

Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations where this is performed). Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.

What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps when found are generally removed or biopsied by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

Polypectomy – a polyp may be removed in one of 2 ways both using an electrical current known as diathermy.

- For large polyps a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed
- Flat polyps (without a stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.
- For smaller polyps biopsy forceps hold the polyp whilst the diathermy is applied, therefore destroying the polyp.

Discharge advice

If you have sedation you will not be able to drive for 24 hours following sedation, and then only if you can safely control your vehicle. (Ultimate responsibility for re-commencing driving lies with you the patient – if in any doubt please consult your G.P. / M.O.). If gas and air (entonox) is used, without sedation, then you will not be able to drive for half an hour after your procedure.

Following sedation you must not:

- operate machinery / electrical equipment
- make any 'important' legal decisions
- look after any dependants
- drink alcohol
- take sleeping tablets

However, if you choose to have only entonox (gas and air), the only restriction you will have will be a half hour delay before you can drive.

Questions or experiencing any problems?

If you have had a procedure at the James Cook site please contact the Endoscopy Unit between 7.30am - 8pm, (Monday to Friday) on 01642 854845 or Ward 6 out of these hours on 01642 854506.

If your procedure was at the Friarage hospital please contact the Endoscopy Unit between 8am and 6pm, (Monday to Friday) on (01609) 764853.

In the case of an emergency or out of these hours please contact Allerton Ward on 01609 764404 or 01609 764564 or your out of hours GP, Accident and Emergency or 111.

Also, we would be pleased to hear any comments that you may have on this leaflet.

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

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