

Having a flexible sigmoidoscopy

Endoscopy Unit

Information for Patients

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Introduction

You have been advised by your GP, hospital doctor or Bowel Cancer Screening Team that you need an investigation known as a flexible sigmoidoscopy.

If you are unable to keep your appointment, please call us as soon as possible. This will let us give your appointment to someone else.

If your BMI is greater than 40 and you are having your procedure at Melton, Loughborough, Hinckley or St Luke's Hospital, please contact the department before you attend. You may need to be rebooked at a different hospital in Leicester.

Why do I need to have a flexible sigmoidoscopy?

You may need to have a flexible sigmoidoscopy:

- to try to find the cause of a bowel problem.
- as a follow-up after a previous procedure.
- to look in more detail at something seen on an X-ray.

What is a flexible sigmoidoscopy?

This procedure is a very accurate way of looking at the lining of the left side of your large bowel (colon), to see whether there is any disease present. This procedure also lets us take tissue samples (biopsy) for analysis by the Pathology Department if needed.

The instrument used in this investigation is called a flexible sigmoidoscope. There is a light within the scope and a camera that sends pictures back to a television screen. This lets the endoscopist have a clear view. They can check whether or not disease or inflammation is present.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

During the investigation we may need to take some samples from the lining of your colon for analysis. This is painless. The samples will be sent to the laboratory for testing. A video recording and/or photographs may be taken for your records.

Important information

Bowel preparation:

For a clear view during the procedure the lower part of the colon must be completely empty. To empty the bowel you are given a cleansing agent known as “bowel preparation”. There are different types of bowel preparations. Some are put into the back passage and others you drink.

In some cases an “**enema**” is given into the back passage (see “What is an enema” information enclosed). It will be given by nursing staff in the Endoscopy Department after you have been admitted to hospital.

Bowel preparation drink

In some cases you will get a bowel preparation you drink with instructions on how to take it. These instructions will tell you what and when to eat and drink.

If you are having 2 procedures on the same day, a gastroscopy and sigmoidoscopy, then you must not have anything to eat or drink for 6 hours before your appointment.

Medication:

- **Routine medication:** all routine medication should be taken as normal.
- **Iron tablets:** you must stop taking these 1 week before your appointment. If you are taking stool bulking medication (like Fibogel, Regulan, Proctofibe), loperimide (Imodium), Lomotil or codeine phosphate, you must stop taking these 3 days before your appointment.
- **People with diabetes:** where possible you will be booked at the beginning of our list. Due to demand for this test, this may not always be possible. Please contact the Endoscopy Department for the leaflet about managing your diabetes if you have not had this, or visit our online store of leaflets www.yourhealth.leicestershospitals.nhs.uk . Before you go home we will offer a drink and biscuits, but please bring a snack if you would like anything else.
- **Blood thinning medication (anticoagulants):** please contact your Endoscopy Department or the appointment booking team for advice if you take any blood thinning medications.

How long will I be in the department?

This depends on how quickly you recover after the procedure and how busy the department is. You can expect to be with us for **2 to 4 hours**. This may be longer during busy periods. We aim to keep waiting times to a minimum. We also provide emergency procedures. These can take priority over our outpatient list.

What happens when I arrive?

When you arrive please book in at the reception desk. A nurse will take you from the waiting area to an admission room on the ward. We do not allow relatives into the unit. This is due to regulations and for the privacy of our patients. Relatives are not able to wait in our reception area, unless they are your carer or it is arranged and agreed with endoscopy staff.

Admission

- A nurse will check your personal details. They will check the information you completed before you attend. It will be enclosed with your appointment letter. This includes information about the medication you are taking, your past medical history, any operations or illness that you may have had, and any current health problems.
- The nurse will ask you if you have any allergies or bad reactions to any drugs.
- If you are having sedation, the nurse will check if you have a responsible adult taking you home when you are ready for discharge.
- We will record your blood pressure, heart rate, temperature and oxygen levels. If you are diabetic your blood glucose level will also be recorded.
- You will need to remove all clothing and underwear for this procedure. You will be shown to a private changing area to undress. We will give you a gown but you may wish to bring your own dressing gown and slippers.
- Unless you have taken oral bowel prep, the nurse will then take you to a private side room to give an enema to clear your bowel.

For the short time that you are with us we want to offer a safe and supportive environment. Do not be afraid to ask if you have any worries or questions at this stage.

Pain relief

Sedation:

Sedation is not usually needed for a flexible sigmoidoscopy, but, should you feel very anxious you can talk about sedation with the endoscopist. It is given as an injection. It will make you feel sleepy and relaxed. It is not a general anaesthetic and so you will not be fully asleep. It is quite common not to remember parts of the procedure afterwards due to the effects of the sedation.

Older people and those who have major health problems (for example, people with breathing difficulties due to a bad chest) may need more assessment before having sedation.

It is important that you understand the sedative injection can last longer than you think. It will remain in your body for up to 24 hours. **For 24 hours after your procedure:**

- **do not drive a car, ride a bicycle or climb ladders.**
- **do not operate machinery or do anything which needs skill or judgement.**
- **do not make important decisions or sign any documents.**
- **do not drink alcohol.**

It is important that a responsible adult relative or friend takes you home and stays with you for 12 hours. If you are being transported by ambulance you must have someone waiting at home to stay with you.

Entonox:

Entonox is sometimes used in endoscopy as an alternative to sedation. Entonox is a pain relieving gas. It is a mixture of 50% oxygen and 50% nitrous oxide. It is inhaled through a mouthpiece. This means you have control over how much or how little you take. The advantages of Entonox are that it is fast acting but wears off quickly once you stop breathing the gas.

It is important that you understand Entonox can last longer than you think. It may stay in your body for up to 24 hours. **After your test you should not drive a car or ride a bike for at least 30 minutes.** Every patient will have a different exposure time and different reactions to the use of Entonox.

Patients choosing to drive themselves after using Entonox do so at their own risk.

What happens during the procedure?

The procedure will normally take about 10 to 15 minutes.

- In the procedure room you will have the chance to ask any final questions.
- The nurse looking after you will ask you to lie on your left side with your knees slightly bent.
- You will be closely monitored during the procedure.
- A sedative injection may be given unless you have said that you do not want to have this.
- If you have chosen to have Entonox we will show you how to use the mouthpiece at the start of the procedure.
- The endoscope tube (sigmoidoscope) will be inserted into your bottom (back passage). Air is passed into your bowel via this endoscope to let the bowel be inspected. You may feel wind-like discomfort. You may have the feeling of wanting to go to the toilet, but this will pass.
- The procedure will involve moving the sigmoidoscope around the left side of your bowel. At some bends which naturally happen in the bowel, it may feel uncomfortable for a short time, but pain relief will help to minimise this discomfort.
- You may pass wind during the procedure. Please do not be embarrassed. When the tube is taken out most of the remaining air in the bowel may also be removed.

Polyps:

A polyp is a growth on the lining of the bowel. It comes in different shapes and sizes. Polyps are generally removed by the endoscopist or a sample is taken, as they may grow and cause problems later. The procedure to remove a polyp is called a polypectomy. We use different methods to remove a polyp. It depends on the type. If a polyp is found and not removed it can continue to grow. Certain types of polyps can give you a more serious problem such as cancer. The only other way to remove a polyp is by having an operation.

Flying within 2 weeks of a polypectomy can increase the risk of complications such as bleeding or hole in the bowel (perforation). If you are due to fly within 2 weeks after your procedure please contact the department.

What happens after the procedure?

- We will take you to an area to recover for up to 2 hours. A nurse will look after you until you are ready to go home.
- At first you may feel a little bloated and have wind pains. These often settle quickly.
- If you have had sedation you will stay on a couch to rest. Your blood pressure and pulse will be monitored as needed. This is called the recovery period.
- Before discharging you we will offer you a drink and biscuits, but please bring a snack if you would like anything else after your procedure.
- After your procedure you can eat and drink as normal.

When will I get the results of the flexible sigmoidoscopy?

You may not see the person who did your procedure before going home. A nurse will tell you the results before you leave. It is a good idea to have someone with you for this if you have had sedation, as many people find they forget what has been said to them.

If a sample (biopsy) has been taken or polyps removed, the result can take several weeks. These will be sent back to your referring doctor. You may then be given an outpatient appointment to talk about your results or a letter informing of you of the results.

A report of the procedure will be sent to your GP. You will normally get a copy on the day of your procedure.

What are the risks of this procedure?

The main risks of the procedure are:

- making a hole in the bowel (perforation). This happens about 1 in every 1500 cases. This may be treated conservatively with hospital admission and antibiotics, but sometimes an operation may be needed to repair this. This risk of perforation is higher with a polyp removal.
- bleeding (about 1 in 150 cases after removing a polyp). This often settles but in some cases may need further treatment or a blood transfusion.
- risk to life (about 1 in 10,000 cases).
- missed polyps, growths or bowel disease.
- not being able to see the entire bowel. This can happen if your bowel is not completely clean or the scope could not be passed to the end of your large bowel.
- sedation can sometimes cause problems with breathing, heart rate and blood pressure. If any of these problems happen, they are normally short lived. You will be carefully monitored by a trained nurse. They will make sure any potential problems are identified and treated quickly.



Contact details

If you are not able to make your appointment, please let us know as soon as possible. We may be able to offer it to someone else.

If you need to talk about your appointment please contact:

- Leicester General Hospital / Leicester Royal Infirmary / Glenfield Hospital:
Endoscopy Booking Team: 0116 258 3910 (10am to 4pm).
- Loughborough / St Luke's / Hinckley / Melton Hospital:
Endoscopy Booking Team: 0150 956 4402.

For queries about your procedure please contact the appropriate Endoscopy Department:

Leicester General Hospital:	0116 258 4357
Leicester Royal Infirmary:	0116 258 6997
Glenfield Hospital:	0116 258 3130 or 0116 258 3166
Hinckley Community Diagnostic Centre:	0116 502 1614
Loughborough Hospital:	0150 956 4406
Melton Mowbray Hospital:	0166 485 4904
St Luke's Hospital Market Harborough:	0185 844 8344

Trainees and student observers

Leicester's hospitals supports trainees and students from the county's medical school and nurse training school. A trainee with the relevant skills may do your procedure under supervision where appropriate, or student observers may be present. If you would rather not have students or trainees in the room during your procedure, please let us know.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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