



## **Endoscopy Unit**

# **Having a Flexible Sigmoidoscopy**

### **General Information**

#### **Telephone Numbers for Endoscopy Department**

<b>RECEPTION (general enquiries only):</b>	<b>01305 255225</b>
<b>APPOINTMENTS (appointment enquiries only):</b>	<b>01305 255701</b>
<b>CLINICAL ADVICE (enquiries about preparation):</b>	<b>01305 253152</b>

If you call the Clinical Advice line and your call goes to answer phone, please leave a message with the following details:

- your name and telephone number
- the procedure you are having
- date and time of appointment
- your hospital number or NHS number (see appointment letter left-hand corner at top)
- your query

Someone will return your call as soon as possible to discuss your telephone message with you.

### **We are privileged to be a training hospital**

There may be a trainee Endoscopist observing or performing your procedure. If this is the case, there will also be a Consultant present, and you will be informed during your admission. You do have the right to decline their participation in your procedure; please let the admitting nurse know of your wishes.

## Planning your Care

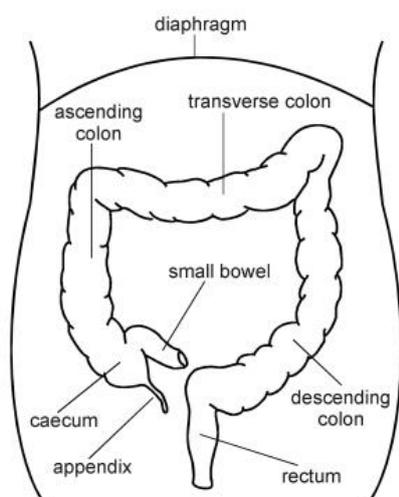
If you are taking any of the following medications or have the medical conditions listed here, please contact the Clinical Advice line above to help us plan appropriate care and management of your condition during your visit with us:

DO ANY OF THE FOLLOWING APPLY:	YES
You have a Steroid Deficiency eg Addison's (Adrenal deficiency)	Call Clinical Advice line
You have Diabetes	Call Appointments to ensure early appointment
You have had a recent Heart Attack or Cardiac Pacemaker or ICD Fitted	Call Clinical Advice line
You take Aspirin or Dipyridamole therapy	No action required
You are on Warfarin therapy	No action required
You take blood thinners such as Clopidogrel Prasugrel, Ticagrelor	No action required
You take blood thinners such as Dabigatran, Rivaroxaban, Apixaban, Edoxaban	Omit morning dose on the day of procedure
You are Pregnant or are breast feeding	Call Clinical Advice line

Please continue all other medications as usual. You should inform the admitting nurse and endoscopist if you are taking blood thinning medication.

## Having a Flexible Sigmoidoscopy

A Flexible Sigmoidoscopy is when a long flexible camera is used to obtain a view of the lower part of the colon.



COLON- LARGE BOWEL

The camera transmits pictures of the inside of the bowel to a video screen. It is inserted via the rectum and manoeuvred around the lower third of the colon by the endoscopist.

During the investigation, your bowel will be gently expanded with carbon dioxide gas which we encourage you to pass while the investigation is going on. Because of this and because your bowel is not straight, the procedure may cause a little discomfort.

The procedure usually takes 10-15 minutes, although you should expect to be in the hospital for at least 2 hours.

## **Why do I need a Flexible Sigmoidoscopy?**

The purpose of a Flexible Sigmoidoscopy is to see if there are any abnormalities in the bowel, such as inflammation or polyps (fleshy growths) and is the most helpful investigation for rectal bleeding. Many examinations will show a normal healthy bowel.

## **How will it help me?**

During the Flexible Sigmoidoscopy the lining of the bowel can be clearly seen. It is an excellent way to get a diagnosis for your symptoms or to reassure you that all is well.

The flexible camera (colonoscope) has a hollow tube inside that can be used to take samples of tissue or to remove polyps that can be examined in the laboratory under a microscope.

## **How safe is a Flexible Sigmoidoscopy?**

Complications following a Flexible Sigmoidoscopy are rare but, as with all medical procedures, there are some risks which we must make you aware of:

**Bleeding:** This is rare and usually does not need any further treatment. A small amount of bleeding is not unusual and should not cause alarm, especially following a biopsy or removal of a polyp. It may occur up to several days after the procedure.

Heavier bleeding may require further treatment in hospital. Please contact NHS Direct on 111 or attend the Emergency Department.

**Perforation:** This is a tear in the bowel lining. This is a serious complication that will involve you having to stay in hospital and may need surgical treatment. If you have severe pain, please contact NHS Direct on 111 or attend the Emergency Department.

**Miss rate:** It cannot be guaranteed that we will spot everything that there is to be seen, although it is unlikely we would miss anything significant. This can be due to the folds in the bowel, the way the bowel is situated or due to faecal residue remaining in the bowel.

## **Is there an alternative to a Flexible Sigmoidoscopy?**

Yes. An X-ray examination or CT Colonogram scan may show the cause of your symptoms. Alternatively a Colonoscopy may be arranged which is a camera test that looks at the whole of your large bowel.

If you are unsure about this examination please seek more information from your referring doctor.

## **What happens if I choose not to have this test done?**

We always recommend that rectal bleeding with no obvious cause is investigated. Most people that have rectal bleeding have a simple cause that can be easily treated, but if the cause is more serious, your condition and symptoms may get worse. This may then require the investigation to be performed under less controlled circumstances. If you have had rectal bleeding, the doctor who referred you feels that it is significant enough to warrant this investigation.

## **Preparing for your Flexible Sigmoidoscopy**

You do not need to take a day off work until the day of the examination.

The rectum and the lower colon must be completely emptied of faeces for the procedure to be performed. You will need to start a light diet 2 days before your procedure and take laxative tablets that have been prescribed. **(NB: please follow the instructions below and not those of the manufacturer).**

## **Instructions for Bowel Preparation prior to your Flexible Sigmoidoscopy**

There are two types of bowel preparation for this procedure, tablets or an enema; you will be advised when your appointment is booked which preparation you will need to take.

**We suggest you read these guidelines all the way through before taking the laxative tablets.**

You will need to collect the Bisacodyl tablets from your local pharmacy and follow the instructions below on taking them depending on your appointment time morning or afternoon... The tablets may give you stomach cramps or urgency and you may feel a little light-headed or dizzy. If this happens, you must rest and it should pass. If the symptoms become severe, contact your GP or ring the contact number overleaf, but this is very rare.

The reasons for the dietary restrictions are that the foods on the list are digested before they reach the colon leaving it clearer for us to see.

## **Morning Appointment**

### **2 Days before your appointment**

You will need to follow the light diet, but make sure you drink lots of clear fluids.

**Light diet:** chicken or turkey without skin, white fish, eggs, cheese/cheese sauces, pasta, white rice, clear soups, pale coloured jelly (**not red or blackcurrant**), potatoes (no skins), cauliflower, white bread with butter if wanted

**Clear fluids:** Tea and coffee with very little milk. Bovril, fruit juices (not red or purple) or glucose-sweetened fluids that help prevent headaches and tiredness

**At 6pm** on this day, take two of the Bisacodyl tablets with a glass of water.

### **The day before your examination**

**At 8am** take two more of the Bisacodyl tablets with a glass of water and drink a glass of clear fluid every hour throughout the day, following the light diet.

**At 6pm** take the two remaining Bisacodyl tablets with a glass of water. Have a light supper from the diet and continue to drink every hour until bedtime.

### **The day of your examination**

You should drink clear fluids until your appointment. If you are diabetic, you should have a light breakfast on the day of your examination but follow all other instructions as above.

## **Afternoon Appointment**

### **2 Days before your appointment**

You will need to follow the light diet, but make sure you drink lots of clear fluids.

**Light diet:** chicken or turkey without skin, white fish, eggs, cheese/cheese sauces, pasta, white rice, clear soups, pale coloured jelly (**not red or blackcurrant**), potatoes (no skins), cauliflower, white bread with butter if wanted.

**Clear fluids:** Tea and coffee with very little milk. Bovril, fruit juices (not red or purple) or glucose-sweetened fluids that help prevent headaches and tiredness.

### **The day before your examination**

**At 8am** on the day before your appointment, take two of the Bisacodyl tablets with a glass of water. Continue the light diet.

**At 6pm** take two more of the Bisacodyl tablets with a glass of water and drink a glass of clear fluid every hour throughout the day, following the light diet.

### **The day of your examination**

**At 8am** take the two remaining Bisacodyl tablets with a glass of water. If you wish, you may have a light breakfast eg one slice of bread and butter and an egg. Continue to drink every hour until your appointment.

If you are diabetic, you should have a light lunch eg egg on toast.

You will be able to eat straight after the test.

### **Please bring with you:**

- A list of your medications, inhalers and GTN spray if required
- A dressing gown and slippers for your dignity and comfort.

## **What happens when you get to the Endoscopy Unit**

When you come to the Endoscopy Unit please give your name to the receptionist.

A nurse will take you through to a private office. You will be asked some questions about your health. The nurse will check your breathing, pulse and blood pressure. If you take Warfarin, your INR may be checked and if you are diabetic, your blood sugars will be checked. Please tell the nurse if you have any allergies.

You can ask any questions that you have or tell the nurse of any worries. It is not unusual to feel anxious about having a Flexible Sigmoidoscopy. The nurses and endoscopists understand this and will do their best to reassure you.

Once the nurse has finished taking your details, you will be asked to wait back in the waiting area until the endoscopist is ready for you to be taken through to get changed into a hospital gown. You will be offered dignity shorts ready for the test.

## **Signing the Consent Form**

The endoscopist or senior endoscopy nurse will meet you and talk to you about the procedure. It is important before signing that you understand what is likely to happen. You will be given time to ask any questions that you may feel necessary to make up your mind.

## **What are the key things to remember?**

It is YOUR decision and you can choose whether or not to consent to what is being proposed. Ask as many questions as you like and remember to tell the team about anything that concerns you or about any medication, allergies or past history which might affect your general health.

## **The Flexible Sigmoidoscopy**

You will be taken to a treatment room for the procedure and asked to lie on your left side on a trolley. You will be covered with a blanket. The colonoscope is passed through the rectum and lower colon by a trained endoscopist.

You should not feel pain during the test, although you may have brief periods of discomfort, particularly when the endoscope is first inserted and when the scope passes around bends in the bowel.

Occasionally the nurse will press gently on your stomach or your position may be altered to aid the passage of the scope.

Your bowel will be inflated with a little air, to enable clearer views. This can sometimes be uncomfortable. Please tell the nurse if you have any discomfort.

If you do feel discomfort, tell the nurse or doctor and they will change what they are doing to make you feel as comfortable as possible. Pain relief is available if required; this will be Entonox (gas & air).

**Entonox®** is a mixture of Nitrous Oxide Gas and Oxygen that is inhaled through a mouthpiece. It is an odourless, colourless gas which can provide excellent, short-term pain relief that works quickly and wears off almost as quickly. You will not need to be accompanied home and could drive yourself home afterwards.

Please tell the nurse if you:

- have recently used Entonox® for a procedure
- currently have, or have recently had an ear infection, or an operation on your ears
- have, or have recently had, eye surgery
- have recently had a head injury which required you to be in hospital
- have recently been scuba diving
- have recently suffered from a condition causing acute breathing problems (a chest injury, for example, or a collapsed lung)
- have emphysema, or chronic breathing problems, such as chronic bronchitis or moderate to severe asthma.

If you have any of the above conditions, then Entonox® will not be suitable.

Having biopsies taken, or polyps removed from the bowel is not usually painful.

Your pulse and oxygen levels will be monitored throughout the procedure. A few people say they find the test embarrassing. The nurse or doctor will do their best to help you feel as relaxed as possible.

## **How do I get the results?**

You will receive the results of the sigmoidoscopy as soon as the test is complete. However, if a sample (biopsy) has been taken, or polyps have been removed, the results will not be available immediately as it will be sent to the laboratory for testing.

## **If you have Rectal Bleeding:**

Haemorrhoids are the most common cause of rectal bleeding. Haemorrhoids (piles) are swollen blood vessels in the anal canal (back passage). This creates swellings, similar to the varicose veins that some people have on their legs. They are very common.

The most common cause is constipation; straining to open the bowels can eventually cause enlargement of the veins in the anal canal. Haemorrhoids also seem to occur more frequently in some families and are more common during or after pregnancy. They can cause bleeding and discomfort and many protrude outside the anal canal.

There are a number of different treatment options:

- Topical cream/ointment
- Banding
- Surgery

If haemorrhoids are found to be the cause of your bleeding, they can sometimes be treated at this appointment.

## **Banding of Haemorrhoids**

It may be agreed that banding your piles would be the best treatment option for you.

This involves using a small instrument to put a very tight elastic band over the haemorrhoid. This band cuts off the blood supply so that the haemorrhoid drops off, usually within 3-7 days after the banding.

## **What should I do when I get home?**

You may experience some pain or discomfort for a day or so after the banding, which is normal. You should take your regular painkillers, such as paracetamol, if you need to. Do not take aspirin or anti-inflammatory pain relief such as ibuprofen or Voltarol as these may encourage bleeding. Very occasionally, paracetamol may not work effectively and you may need to ask your pharmacist or contact your GP. for something stronger.

After your treatment, you may feel that you want to open your bowels. Do not worry if you do, but avoid straining. Avoid using any applicators or creams directly into the anus. Avoid strenuous exercise for the rest of the day. You should be able to get back to your normal life the next day.

## **What should I do if I bleed after I go home?**

A small amount of bleeding on your stool after opening your bowels, or on the toilet paper, can be normal for the first week or so after banding. You may notice more bleeding about 7-10 days after banding, which is when the haemorrhoids fall off leaving a small raw area inside the anus. You probably will not see the haemorrhoids or bands as they will pass down the toilet with a bowel motion.

## Risks and benefits of Banding Haemorrhoids

This is not necessarily a permanent solution to your piles and they may come back. Please see the 'Can I prevent the haemorrhoids coming back?' section of this leaflet.

**Pain:** Extreme pain may occur because the bands are too low and have caught some of the external flesh. Seek advice from your GP or local Emergency department if this happens.

**Bleeding:** Very rarely, in 1% of people, major bleeding can occur. If you see a lot of fresh bright red blood, or pass clots, you should seek urgent medical attention.

In most cases, one treatment of banding is enough and following the advice given to prevent piles is all that is required.

## Can I prevent the Haemorrhoids coming back?

Unfortunately, having your haemorrhoids banded does not guarantee that they will never come back. You now know that you have a tendency to develop haemorrhoids so it makes sense to try to avoid this happening in the future. Some doctors feel that the best way of preventing haemorrhoids is to avoid straining to open your bowels and to go when you feel the urge rather than putting it off because you are busy.

Try to increase the amount of fibre and water in your diet; fibre forms the structure of cereals, fruit and vegetables. It is not completely digested and absorbed by the body so it provides bulk to the stools. This helps the movement of waste through the bowel resulting in soft stools, which are easy to pass.

## Surgery for Haemorrhoids

Banding of haemorrhoids is the treatment for mild to moderate internal haemorrhoids. Sometimes when haemorrhoids become very large, they come out of the anus (back passage) and hang down (prolapsed). If this happens, then removal of the haemorrhoid by surgery is the only cure. This will be a separate appointment.

## Finally

It is essential that you ask the doctors or nurses if you are unclear about any aspect of your care. They will be glad to answer any questions or concerns you may have.

## Going Home after a Flexible Sigmoidoscopy

No sedative medications are used during this procedure, so you will be able to make your own way into and home from the Endoscopy Unit.

If any treatment is carried out during your Flexible Sigmoidoscopy, the relevant information will be given to you.

A patient information leaflet is given with your discharge information. This can help explain any findings in more detail.

**Please note: individuals are unable to donate blood for 4 to 6 months after flexible endoscopy and until they have informed the blood service of the diagnosis.**

## **Patients' Property**

You are advised not to bring expensive items of jewellery or clothing with you when you visit the Endoscopy Unit.

You will be given a patient property bag to place your clothes in if changing for your procedure.

You will be asked to keep your property with you at all times.

The Endoscopy Unit and Dorset County Hospital NHS Foundation Trust cannot accept responsibility for the safeguarding your property.

## **Getting Here**

**The car park is pay & display.** You will need to pay for the first 2 hours and a permit will be issued thereafter.

When you enter the hospital grounds, follow the signs for North Wing Entrance 1. The Endoscopy Unit will be signposted as you enter the main entrance.

## **About this leaflet:**

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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