

MR S T R BAILEY BSc Msc FRCS (Gen Surg)
Consultant General, Colorectal & Laparoscopic Surgeon

**Consulting at: Spire Tunbridge Wells Hospital, Maidstone &
Tunbridge Wells NHS Trust, Kent Institute of Medicine & Surgery
(KIMS) and BMI Somerfield Hospital Maidstone**

**PATIENT INFORMATION:
FLEXIBLE SIGMOIDOSCOPY
(H2502)**

Spire Tunbridge Wells Hospital
Fordcombe Road
Fordcombe, Tunbridge Wells
Tunbridge Wells
Kent TN3 0RD
Tel: 01622 208014
Fax: 01622 331132

KIMS
Newnham Court Way
Weaving, Maidstone
Kent ME14 5FT
Tel: 01622 208014
Fax: 01622 331132

BMI Somerfield Hospital
63-77 London Road
Maidstone
Kent ME16 0DU
Tel: 01622 208014
Fax: 01622 331132

What is a flexible sigmoidoscopy?

A sigmoidoscopy is a routine test to look at the lining of your anus, rectum and sigmoid colon. This is the lower part of your colon, also called your large intestine or bowel.

The examination uses an endoscope, which is a flexible tube about the thickness of your little finger, with a camera and light at one end. It is passed through your back passage and carefully moved around to visualise your large bowel. Occasionally a sample of the lining of the bowel (a biopsy) may be taken for laboratory examination. If small benign growths (polyps) are found they can be removed during the examination.

Why do I need a flexible sigmoidoscopy?

A flexible sigmoidoscopy will enable us to get a clear view of the lining of your colon to help diagnose your symptoms or check any bowel condition that you have had diagnosed in the past. Polyps (small growths in the bowel) can also be removed during the examination.

You may have been advised to have a flexible sigmoidoscopy if you have had the following:

- Bleeding from your back passage
- Pain in the lower abdomen
- Persistent diarrhoea
- Changes in your bowel habit
- A strong family history of bowel cancer
- Have had an x-ray and more information is needed about the lower end of your bowel
- Have a pre-existing condition such as colitis that needs reviewing
- Have been referred by your GP for rectal bleeding, a flexible sigmoidoscopy is required as part of the assessment and treatment.

What are the risks of a flexible sigmoidoscopy?

This examination is relatively safe but there is a small risk of the following:

- **A reaction to the sedative or painkiller.** This can affect your breathing; the team will monitor you throughout the investigation and are trained to manage this should a reaction occur.
- **Bleeding.** This happens occasionally when a biopsy is taken or a polyp is removed. If this does not stop within 24 hours or is excessive, please contact the hospital. Very rarely a blood transfusion or surgery is required.
- **Perforation.** A hole in the bowel that will require surgery to repair it and treatment with antibiotics. Although rare, this may require a prolonged stay in hospital, possibly or two weeks or more. There is a 1:2000 risk of instrumental perforation, increasing to 1:1000 if a polyp is removed.

Are there any alternatives to having a flexible sigmoidoscopy?

If you are concerned about having a flexible sigmoidoscopy, there are other tests available such as barium enema x-ray, CT and CT cologram. However, these may not be as effective for examining your bowel. You can discuss any concerns you may have with Mr Bailey during your consultation.

How to I prepare for a flexible sigmoidoscopy?

Please let us know if you have any questions regarding any medication you are on. If you take any of the following medication: Warfarin, Rivaroxaban, Dabigatran, Sinthrome, Clopidogrel, Plavix, Dipyridamole or Aspirin please let Mr Bailey know.

You should stop taking any iron tablets or constipating agents (eg Fybogel, Regulan or added bran) for four days before the procedure.

Continue with your other medication, unless you have been advised to stop. Please bring a list of your medications with you to hospital.

To make sure that we have a clear view of your colon, it must be completely empty. To achieve this, you will be asked to have an enema on arrival at the hospital. This is a fluid that is placed in your rectum to clear the last section of your bowel. It needs to be used at least one hour before your examination and you will usually need to go to the toilet within 15 minutes of using it. You must not eat or drink anything further until after your examination.

During the procedure

This test can be performed with or without sedation, as you wish. The sedation will make you sleepy but does not put you completely to sleep.

The test itself only takes about 15 minutes. You will be asked to lie down on your left hand side on a couch with your knees bent. The endoscope is passed into your lower bowel through the back passage. Air will be passed down a channel in the endoscope, expanding your bowel to make it easier to visualise the lining. This may make you feel slightly bloated and you may feel the urge to go to the toilet, but you will not be able to do so as your bowel will be empty. Many people pass wind during the test. This is perfectly normal and nothing to be embarrassed about.

If polyps are present, these can be removed using a technique called diathermy (electric heating). This is where a special instrument is used to burn away the polyps. You will not feel this. Similarly, you will not feel anything if any biopsies are taken.

Will I feel any pain during the procedure?

You should not feel any 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 your bowel. Occasionally the nurse will press gently on your stomach or your position may be altered to aid the passage of the scope.

What happens after the flexible sigmoidoscopy?

After the procedure you will be taken into the recovery area, if you have had sedation, you will need to rest quietly until the sedation has worn off (usually a couple of hours). If no sedation is used, you will go directly back to your bed.

If you have had sedation, you must have someone to escort you home and stay with you for 24 hours. Sedation lasts longer than you think, so for 24 hours after your examination you should not: drive or ride a bicycle, operate machinery or do anything requiring skill or judgement, drink alcohol, take sleeping tablets, go to work, make any important decisions, sign contracts or legal documents.

If you have not had sedation, you will be able to leave hospital fairly soon afterwards. You may still feel a little bloated from the air passed into your bowels during the procedure, but this should pass quite quickly. If you have not had sedation you can drive yourself home.

Once you have recovered you can eat and drink as normal. You should rest at home following your procedure and should be able to carry out your normal activities 24 hours after the test.

If you have any concerns following your procedure please contact the hospital concerned, KIMS 01622 237500, Spire Tunbridge Wells 01892 740047 or BMI Somerfield 01622 208000 or my office on 01622 208014.

The results of any biopsies or polyps taken during the test will generally be available within two weeks of the test; Mr Bailey will then see you in the Out Patient Clinic with the results.

This leaflet is for information only and should not replace advice that your relevant healthcare professional would give you. Please keep this information and use it to help you if you have any further questions or queries.