

Having a Sigmoidoscopy

An Information Guide

Advice Leaflet

Please read this information leaflet carefully. It gives relevant information about your test and how to prepare for it. Please note that the test may also be called an endoscopy or a camera test.

This leaflet will help to explain the procedure and allay some of the anxieties that you may have about it.

If you have any concerns or questions, the endoscopist or endoscopy nurse who assesses you before the procedure will be happy to discuss them with you.

Having a Sigmoidoscopy

You have been advised to have a sigmoidoscopy to help find the cause of your symptoms. Please do not hesitate to ask any questions that have not been answered.

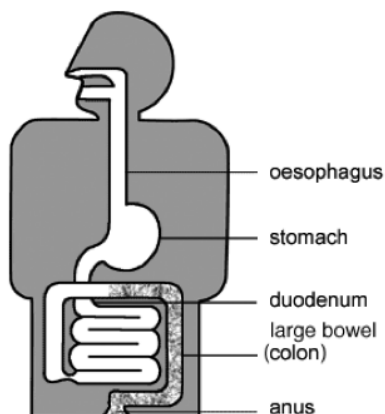
What is a Sigmoidoscopy?

Sigmoidoscopy is a test which allows the endoscopist to look directly at the lining of the large bowel (colon) using a sigmoidoscope. The examination is limited to the lower segment of your large bowel. The sigmoidoscope is a flexible tube, about the thickness of your index finger. The endoscopist gets a clear view of the lining of the bowel and can check whether or not any disease is present.

Sometimes the endoscopist takes a biopsy – a small sample from the lining of the colon/bowel for examination in the laboratory. A small piece of tissue is removed painlessly through the sigmoidoscope using biopsy forceps.

It is possible to remove polyps during the sigmoidoscopy. Polyps are like warty growths on the inside of your bowel which have a small risk of becoming cancerous. Usually the endoscopist will want to remove them and send them away to be examined microscopically. Large polyps greater than >1cm may require more time to be treated safely and an additional procedure will be arranged.

The procedure may be uncomfortable. Some people will have either gas & air (Entonox) or sedation to help with this. Normally people have no sedation at all.



Photographs may be taken to assist the medical team in your treatment. If you have any objections please highlight this to the endoscopist or nurse prior to the procedure. You can be assured that all patient information is strictly confidential in accordance with the Data Protection Act 1998.

What are the benefits?

- Diagnosis
- Guide treatment
- Exclusion of some types of disease
- Reassurance

Are there any significant risks?

Sigmoidoscopy is generally a safe procedure, however complications may occur. These include:

Perforation

This is a tear in the wall of the colon (risk: approximately less than 2 in 1000). The risk is higher if a polyp is removed (risk: less than 3 in 1000).

Bleeding

Bleeding from a biopsy site or from minor damage caused by the telescope (risk: less than 1 in 1000). If a polyp is removed bleeding may also occur, the risk is approximately 2 in 100 cases. Typically this will settle spontaneously but may need additional intervention with the endoscope. Rarely a blood transfusion or even an operation is necessary to solve the problem. The risk is higher when large polyps are removed. You should be aware that bleeding can sometimes start a few days after the procedure. If this happens you will need to contact the hospital for advice.

Sedation

You may have a reaction to the sedative which causes breathing difficulties or a chest infection. Your oxygen levels are monitored throughout the procedure and oxygen is administered via a nasal cannula.

Discomfort

Discomfort/ bloating in the abdomen is usually from air inserted during the test by the endoscopist to see where they are going.

Missed pathology

Small lesions may be missed during the procedure.

Incomplete / failed procedure

In some situations the endoscopist may not be able to examine your bowel because of poor bowel preparation, narrowing in the bowel or problems with sensitivity.

Entonox (gas and air)

This may cause some problems with light headedness, dry mouth, tingling in your fingers or nausea.

Please talk to your endoscopist before the examination if you have any worries about these risks.

The team in the endoscopy unit will make your procedure as safe as possible. However, complications can happen. Some of these can be serious and very rarely can cause death (risk 1 in 15000 procedures).

Alternatives

CT colonography (an x-ray test) may be an alternative in some cases but it is not possible to visualise the lining of the large bowel and tissue samples cannot be obtained. Additionally, our colleagues in X-ray may need information from a rigid sigmoidoscopy before they will do this test. Your doctor will have considered these options and feels sigmoidoscopy is the most appropriate test for you. This leaflet has been prepared to help explain the procedure and allay some of the anxieties that you may have about the test.

Please do not hesitate to ask any questions that have not been answered.

What should you expect?

The preparation

There are two approaches to bowel preparation for this test. The accompanying documentation will explain which approach your endoscopist wants you to follow. Broadly, you may simply have an enema on the day of your test or a more extensive clear out with the use of powerful laxatives and a special diet for 36 hours prior to the test.

If the bowel has not been cleared of waste material it is likely some areas may be obscured and the test may have to be repeated on another occasion. It is important to take all the laxatives prescribed and also to increase your intake of clear fluids on the day before the examination, which will help clean the bowel.

What about my medication?

You should follow any specific advice you have been given with regard to your regular medications. If you have not received specific advice then you should continue to take them as normal.

However, any regular medication should not be taken one hour before or after administration of the oral bowel cleansing medication due to the possibility of impaired absorption.

Seven days before your test you should stop the following medicines:

- Iron containing preparations (for anaemia, such as ferrous sulphate)

Three days before your test you should stop the following medicines:

- Any medicines that contain codeine
- Any medicines that contain Loperamide

If you are taking the following medication please discontinue the day you take your oral bowel cleansing preparation:

- Diuretics('water tablets') such as furosemide
- Non-steroidal anti-inflammatory drugs(a type of pain killer) such as Ibuprofen or Naproxen

IF YOU HAVE NOT DISCUSSED STOPPING THE FOLLOWING MEDICATIONS WITH YOUR CONSULTANT IN CLINIC PLEASE RING THE ENDOSCOPY UNIT IMMEDIATELY:

- Ticagrelor, Prasugrel, Dipyridamole and Clopidogrel
- Warfarin
- Apixaban, Rivaroxaban, Dabigatran and Edoxaban
- Any other blood thinning medication

Aspirin does not need to be stopped for the procedure.

These agents thin your blood out and you may have to discontinue them depending on the nature of the procedure that is planned.

Women taking oral contraceptive should be aware that taking bowel preparation might prevent the absorption of the pill.

Additional contraceptive precautions should be taken until the next period begins.

Patients taking immunosuppressants for transplanted organs should seek advice from their doctor before taking any oral bowel cleansing preparation.

A list of what your medicines contain should be featured on the patient information leaflet contained within the box. If you are unsure about whether your medicines contain iron, codeine phosphate or loperamide, please ask your pharmacist.

If you are a diabetic, please bring your medication/insulin. If you have any queries regarding your medication please ring the endoscopy unit as soon as possible, as your appointment may need to be changed.

Also, please remember that your appointment time is not the time you will have your test carried out. There will be a waiting time between your admission and having your test done.

A nurse will check your personal details. They will also want to know about any previous endoscopies you may have had, or of any other medical conditions which you may suffer from and any medication which you may be taking. Please inform the nurse if you have had any allergies or bad reactions to drugs or to other tests. If you have any worries or questions at this stage do not be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering the queries.

For this procedure you may be asked to remove your clothes and underwear, a gown will be provided. Therefore, bring your dressing gown and slippers. You will be shown to a private changing room to undress. You will be asked to remove any jewellery. Dignity shorts are available if you wish.

We advise you to leave any valuables at home.

A small needle may be placed, usually in the back of the hand (intravenous access) before the procedure is performed. You will be given the opportunity to discuss the following options:

- No sedation – having no medication
- Entonox (gas & air) – self administered pain relief which is inhaled via a mouth piece

- Sedation – medication via intravenous access. This may make you feel sleepy and relaxed and you may not remember much about the procedure.

During the test

In the endoscopy room you will be made comfortable on a trolley, resting on your left side, with your knees slightly bent. A nurse will stay with you throughout the test. The nurse will attach a small probe to the index finger in order to monitor your pulse rate and oxygen levels during the examination. If you choose Entonox (gas & air) you will be given a hand held mouth piece which enables you to self-administer pain relief (gas and air) during the procedure, or alternatively sedation will be given. This will be explained in detail.

A rectal examination will be performed to lubricate and examine the anal canal. When the sigmoidoscope has been inserted through the anus into the large bowel, air will be passed through it to distend the colon to give a clearer view of the lining. This may give you some wind-like pains but they will not last long. You may get the sensation of wanting to go to the toilet, but as the bowel is empty there is no danger of this happening. You may pass some wind although this is embarrassing; remember the staff do understand what is causing it. The length of the procedure varies usually taking about twenty minutes but it may be longer. When the examination is finished, the tube is removed quickly and easily.

After the test

A nurse will take you to the recovery area on the trolley and another nurse will take over your care. Your blood pressure, pulse and oxygen levels will be monitored at regular intervals for a period of time. You will be left to rest. You may feel a little bloated with wind pains but these usually settle quite quickly.

Once you are adequately recovered you will be given a drink and a snack. If you are on a special diet for a medical condition we may not be able to meet your dietary requirements and would advise you to bring a sandwich / biscuits with you.

Results of the test

In many cases the endoscopist or the nurse will give you the results of the test both verbally and in writing before you leave the unit. However, if a sample (biopsy) has been taken or polyps have been removed for examination under the microscope, the results will take several days.

Details of the results and any necessary treatment should be discussed with your General Practitioner or Hospital Consultant.

Going home

If you have sedation: It is essential that a responsible adult comes to collect you from the unit. They must stay with you for 12 hours to make sure you do not have any problems. If you have no-one to stay with you, you must contact the Endoscopy booking office on the telephone number stated on your appointment letter. Once home, it is important to rest quietly. By the next day you should feel fine but sedation lasts longer than you think.

- No sedation – no supervision required, minimum recovery time 30 minutes.
- Entonox (gas and air) – No supervision required. It is advised that you can drive home 30 minutes after the Entonox administration, provided the health care professional has judged you competent to drive and you feel happy to do so.
- Sedation – Minimum recovery time 1 hour.

If you have had sedation, for 24 hours you should not:

- Drive a car
- Operate machinery
- Drink alcohol
- Sign legally binding documents

You may notice that your bowels take a few days to return to normal following the procedure.

Contact numbers

If you have any questions regarding the test please ring the Endoscopy Unit at the hospital where you are going to have the test.

Burnley General Teaching Hospital
Endoscopy A - 01282 804661/805117
Endoscopy B - 01282 805721/805723

Royal Blackburn Teaching Hospital
01254 733191

If you have problems after the procedure when you have gone home, we will provide you with contact information for advice at the time of discharge.

Notes

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If you require this document in an alternative format or language, please contact 01282 803541

Polish

W celu otrzymania tego dokumentu w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੇੜੀਂਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ

Urdu

اگر آپ کو اس دستاویز کی ایک متبادل شکل (فارمیٹ) یا زبان میں ضرورت ہے تو براہ مہربانی رابطہ کریں

Bengali

আপনি যদি এই প্রচারপত্রটি অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactați

Lithuanian

Norint gauti šį dokumentą kitu formatu ar kita kalba, prašome susisiekti su mumis

The Customer Relations Team can be contacted by patients, carers and their families who require help with problems or have concerns about services provided by East Lancashire Hospitals NHS Trust. Please telephone: 0800 587 2586 – there is a facility to leave a message on this number.

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<https://www.elht.nhs.uk/services/endoscopy>



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