

# Flexible Sigmoidoscopy



## Information for patients

This information sheet answers some of the questions you may have about having a flexible sigmoidoscopy. It explains the risks and the benefits of the test and what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## What is a flexible sigmoidoscopy?

It is a procedure where we examine the inside lining of the lower half of your large bowel (sigmoid colon). We put a long, thin, flexible tube called a sigmoidoscope into your large bowel from your anus (back passage). The sigmoidoscope is a bit thicker than your little finger and has a camera in its tip which sends pictures of the inside your colon to a video screen.

## Why do I need this test?

Your GP (home doctor) or hospital specialist has recommended you have this test. It is important that you understand why you are having it. The test allows us to investigate a variety of symptoms or conditions, including pain, diarrhoea and bleeding from haemorrhoids (piles). We can also take biopsies (tiny samples of the lining of your bowel) through the sigmoidoscope during the test. If you are not clear about the reasons, please check with your doctor (hospital specialist) or the endoscopist who sees you on the day of your test.

## What are the benefits?

A normal test can reassure you that all is well. The sigmoidoscopy can also help us to reach a diagnosis (sometimes by taking biopsies) to make sure you are on the best treatment. In some cases – for example, if you have polyps (growths on your bowel lining) – you may not need surgery because we will try to remove them during this procedure.

## What are the risks?

A flexible sigmoidoscopy is an extremely safe procedure and complications are very rare. But they can include:

- **Bleeding.** It is common to have bleeding after a biopsy. This lasts no more than a few seconds. So do not worry if you open



your bowels after the test and notice some blood. We will let you know what to expect after your flexible sigmoidoscopy and who to contact if you are worried.

- **Perforation.** There is a less than 1 in 5,000 risk of making a hole – a perforation – in your bowel wall. The risk is greater (1 in 500) – if we find a narrowing or we remove a small polyp. If you are having a large polyp removed, this risk rises to 1 in 50. We take every care to avoid perforation, but if it happens you will need to stay in hospital and have more tests such as a CT scan. You may need surgery to repair the hole.
- **Reactions to the sedative.** We give you the smallest dose of sedative possible to prevent you from having any side effects. If you do have a reaction, we will give you medication to reverse the effects of the sedative.

## Are there any alternatives?

This is a quick, relatively easy and safe test. You can have x-rays which will give us images of your sigmoid colon, but if we find an abnormality you usually need a flexible sigmoidoscopy, or a colonoscopy. Please feel free to discuss any concerns with the endoscopist who sees you on the day of your test.

## What are the risks of having a sedative?

If you have a sedative straight afterwards you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for at least the first 12 hours. During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependants alone.



## Consent

**We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.**

## Do I need to prepare for a flexible sigmoidoscopy?

We need to get a clear view of the inside of your sigmoid colon so it must be as clean as possible. You need to use an enema before the test to clear it of any faeces (poo). An enema is safe and easy to use. Please read our advice sheet, 'Guidance for using an enema', which explains how and when to use the enema at home.

Please don't eat or drink anything up to two hours before your appointment time.

If you have received bowel prep rather than an enema, please follow the instructions provided with the bowel prep about eating and drinking before your appointment.



## **Do I need to stop taking my medication?**

If you take warfarin, aspirin or clopidogrel, please ring the booking office at least one week before your test. You may need to stop taking them for a short time.

### **King's College Hospital**

Tel: **020 3299 3599**

### **Princess Royal University Hospital**

Tel: **01689 864032**

If you are taking any other medications, including for diabetes, in general you can take these as usual, unless your doctor has advised you otherwise.

## **Things to remember**

- Please bring your reading glasses as you need to read and sign your consent form. You may also want to bring something to read while you wait.
- You will need to change into a hospital gown for your test so you may want to bring a dressing gown and slippers to wear for walking to the toilet.
- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- We cannot take responsibility for any valuables, but your things will be kept with you (on a shelf on the examination trolley) at all times.



## What happens when I arrive for my test?

**Your appointment time is approximate.** You should plan to be in the Endoscopy Unit for the whole morning or afternoon of your test. When you arrive, a nurse will fill out an assessment form with you if you have not already done so. A member of the clinical team will come and explain the procedure to you.

## Do I need to have a sedative?

Most people do not need a sedative because this is a quick test. The sedative is designed to relax you but does not make you unconscious or 'knock you out'. You should still be able to talk to the staff during the test, tell them how you are feeling and see the video screen.

If you have a sedative, someone must come to collect you and take you home – not a taxi. We cannot give you a sedative unless you arrange this. You will feel drowsy for a while, so you should not drink alcohol, drive or operate machinery for 24 hours after the test.

## What happens before the test?

We will ask you to change into a hospital gown, remove your underwear and if available, put on modesty shorts in a changing cubicle. We will make you comfortable on an examination trolley. If you are having a sedative, a nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you the sedative injection. You will then be taken into the endoscopy room lying on the trolley.

A nurse will attach a monitor to your finger to measure your oxygen levels during the test and you will be given oxygen through nose 'prongs'. You only need these if you are having a sedative.



A nurse will be with you at all times during the procedure to reassure you and talk you through what is happening.

## **What happens during the test?**

Once you are ready, the endoscopist will put the sigmoidoscope into your anus and move it along into the lower half of your large bowel.

We may put air or gas into your bowel so that we can see better. You may feel 'wind' or cramps during the procedure, but it should not be painful. If it is, please tell the endoscopist. They will pass special instruments through the sigmoidoscope if they need to take a biopsy, remove polyps or treat bleeding areas.

## **How long does the test take?**

It usually takes about 5 – 10 minutes. It may take longer depending on what needs to be done.

## **What happens after the test?**

How long it takes you to recover depends on whether you have had a sedative. But you should plan to spend the whole morning or afternoon of the test in the Endoscopy Unit.

If you have had a sedative, you will need to stay until this has worn off. This usually takes at least 30 – 45 minutes.

If you have not had a sedative, you can change and leave as soon as you are ready. In either case, we will ensure you have all the documentation and instructions you need. We will also send a copy of the report to your GP.



## What happens when I go home?

- You may feel bloated and have some mild cramps due to air or gas that was put into your bowel during the procedure. This usually settles within 24 hours. We encourage you to pass wind to ease these symptoms. If you keep getting wind pain, we advise you to lay on your right side or walk around if you are stable on your feet.
- You may notice a little blood with your next bowel movement, on your underwear or toilet tissue.
- You can eat and drink as normal and continue to take your regular medication.

Please contact your GP if you have any of the following symptoms:

- Severe abdominal (tummy) pain and bloating
- Passing a large amount of blood or clots through your rectum
- Passing black (tarry) stools
- Temperature of 37.4°C and higher, chills.





## Who can I contact with queries and concerns?

If you have any questions, such as what to do about medication, before or after your test, please contact the Endoscopy Unit Nurses' Station:

### King's College Hospital

Tel: **020 3299 4079**, 9am – 5pm, Monday to Friday

If you want to change your appointment or need another information leaflet, please contact Endoscopy Unit Reception:

Tel: **020 3299 3075**, 9am – 5pm, Monday to Friday

### Princess Royal University Hospital (PRUH)

Tel: **01689 864028**, 9am – 5pm, Monday to Friday

If you want to change your appointment or need another information leaflet, please contact Endoscopy Unit Reception:

Tel: **01689 864120** (Male) **01689 864723** (Female)

At all other times, if you have concerns after your procedure, please call your GP or local Emergency Department (ED).

## Care provided by students

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**





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