**FLEXIBLE SIGMOIDOSCOPY PATIENT INFORMATION SHEET**

**What is a flexible sigmoidoscopy and why do I need one?**

The flexible sigmoidoscopy examination allows the consultant to look directly at the lining of the lower part of the bowel using a ‘sigmoidoscope’, a flexible tube about the thickness of the index finger with a camera at the end. 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. You may be experiencing symptoms including rectal bleeding or a change in bowel habit, or you may already have had an x-ray or CT colonography examination which has indicated further investigation is required. You have been advised to have this examination to try to find the cause of any symptoms, to help plan treatment and if necessary, to decide on further examination.

## **How do I prepare for my procedure?**

If you have not had an enema at home this will be given to you before the procedure. This will clear the contents of the lower bowel to ensure that the examination will be successful and to allow a clear view.

Please bring a complete list of your current medications with you as you may be required to stop taking them (e.g. blood thinners/anti-inflammatories) for a short time prior to and following your procedure.

## **During the procedure**

In the examination room you will be made comfortable on a bed, resting on your left side. A nurse will stay with you throughout the test. You will have the option of having a local anaesthetic in a form of spray on the back of your throat to numb it or you may have an injection into your arm to make you feel sleepy and relaxed. A device which monitors your heart rate and breathing will be attached to your finger and you will be given oxygen through a small face-mask.

The doctor will gently insert a flexible sigmoidoscope into your back passage and pass it around the lower part of the bowel. Air will then be passed into the bowel to expand it so the bowel lining can be seen more clearly. This may give you some discomfort, but it will not last long. Air which has been passed into the bowel will obviously have to come out again as wind. Please do not feel awkward about this - it is quite normal. You may feel as if you want to go to the toilet. As the lower end of the bowel is empty, you do not need to worry about this actually happening. Any remaining fluid in the bowel will be removed by the sigmoidoscope.

Biopsies may be taken during the examination to be sent to the laboratory for further testing but you cannot feel this being done. Similarly any polyps found may be removed but you will not feel this either. Afterwards, the sigmoidoscope is gently removed.

## **After the procedure**

## If you had sedation, you will be taken to the recovery area in order to rest for at least 30 minutes. However, if you did not have sedation then you will be able to go home almost immediately. Once you have recovered you may eat and drink as usual.

## **When will I know the results?**

You will be told the results and whether any biopsies were taken before you leave the hospital. However, it is a good idea to have someone with you when you speak to the nurse after the test since, when sedation has been used, people often find they forget everything that has been said to them and many do not recollect having the test at all. You will have a follow up consultation with Dr Sharma to discuss further details of the results and any necessary treatment. Once home, it is important to rest quietly for the remainder of the day. You should not: drive a vehicle; operate machinery; drink alcohol; sign legal documents; and avoid strenuous exercise for 48 hours after the test. The effects of the test and sedation should have worn off by the next day when most patients are able to resume normal activities.

**Are there any risks?**

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

* **a reaction to the sedative or painkiller:** this can affect your breathing making it slower and shallower. The Endoscopic Team monitor you closely throughout and are trained to manage this should a reaction occur.
* **bleeding:** this happens occasionally when a biopsy is taken or removal of a polyp is necessary. If this does not stop within 24 hours or is excessive, please contact your GP. Very occasionally 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 quite rare, this may require a prolonged stay in hospital, possibly of two weeks or more. There is a 1:2000 risk of instrumental perforation, increasing to 1:1500 on removal of a polyp.

**What are the alternatives?**

If you are concerned about having a flexible sigmoidoscopy other tests are available, e.g. barium enema x-ray, CT and CT colonography; however, these may not be as effective for examining your bowel. You can discuss your concerns with your consultant or GP.

**Consent**

The information in this leaflet is intended to help you make an informed decision about whether to agree to the investigation. If you have any questions or concerns please ask one of the health care professionals when you arrive for your appointment and they will help you.

**How to find us?**

If you are being admitted to the Endoscopy Unit, it is located on Level -1 in the Purple Zone. The Wells Suite is Level 3, Purple Zone.

A map of a hospital

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