FLEXIBLE SIGMOIDOSCOPY

The procedure explained

Please read this information carefully and bring it with you to your appointment
Introduction

You have been referred by your doctor to have an investigation known as a flexible sigmoidoscopy. This leaflet explains what this involves and what to expect during and after the procedure. It may not answer all your questions so if you have any concerns please do not hesitate to ask.

Why have you been referred for a Flexible Sigmoidoscopy?

There are many reasons for this investigation. The most common is bleeding from the back passage. Flexible sigmoidoscopy is a quick and simple procedure. Alternative investigations include a barium enema examination or a Computerised Tomography (CT) colonoscopy scan (images of the bowel taken whilst you lie inside a scanner). These have the disadvantage that samples of the bowel cannot be taken if an abnormality is found. If this is the case a subsequent endoscopic examination may be required.

What is a flexible sigmoidoscopy?

♦ This test is a very accurate way of looking at the lining of the lower part of the large intestine (sigmoid colon and rectum) – the part of your bowel closest to your back passage (anus).

♦ The instrument used during this investigation is called a flexible sigmoidoscope. This is a long flexible tube (thinner than an index finger) with a light at the end. It is passed through the anus (back passage). This allows the doctor to see images of the inside of your bowel on a television screen. The lining can be checked to see if there are any problems such as
inflammation or polyps (a polyp is a wart-like growth protruding from the bowel wall). A video recording and pictures can be taken for record and documentation purposes.

♦ Sometimes it is helpful to take a biopsy – a small sample of the bowel. This is usually painless and is done by ‘pinching’ out a tiny bit of the lining of the bowel. This is then sent to the Royal United Hospital in Bath for analysis and will be retained in their laboratory. In a similar way, it is also possible to remove and analyse polyps if these are found.

What should I expect?

♦ Preparation for the procedure

The bowel needs to be cleaned with an enema to allow the doctor to see clearly. This is done at home on the day of your procedure. You should be able to do this yourself but you may wish to ask someone else to help.

Begin the bowel preparation **3 hours before** your appointment time

1. Use the enclosed enema
2. Remove the tip of the enema nozzle
3. Lie on your left side with both knees bent
4. Gently insert the nozzle of the enema into your anus (back passage) and squeeze in the liquid
5. Please try to hold the liquid inside for as long as possible (about 10 minutes) before going to the toilet and opening your bowels

♦ Hospital Preparation

In special circumstances we can arrange for the enema to be administered by the nursing staff at the hospital on your arrival at the Diagnostic Unit. This will require you to come in earlier and will delay your discharge home. Please phone for further information if you feel this may be required.

♦ Can I eat and drink before the procedure?

  * You may eat and drink normally until you have the enema. After this, please only drink clear fluids ie water, black tea or coffee and do not eat.
Should I take my regular medication?

- Your **routine medication** should be taken **as usual**.

- If you are on **iron tablets** or **stool bulking agents** (e.g. Fybogel, Regulan), loperamide (Imodium) or **codeine phosphate** please **stop these 1 week before your appointment**.

- **Anticoagulants**: Please telephone us at the Diagnostic Unit if you are taking **warfarin** or other anticoagulants.

- If you have any **allergies** please tell us on the day

Please remember to leave any valuables at home.

Wear simple clothing. You will need to undress and wear a hospital gown for the procedure.

Please allow plenty of time for parking and travelling to the hospital and plan to arrive 10 minutes before your appointment time.

Please note that you must not drive yourself home if you have certain procedures performed, eg treatment of haemorrhoids.

After arriving at the Diagnostic Unit, a nurse will explain the procedure to you in detail. A doctor will then see you and go through any further questions that you may have. You will then be asked to sign a consent form. We want to make sure that you understand the procedure and its implications. Remember, you can change your mind about having the procedure at any time.

Will I be given a sedative?

- Sedation is rarely required for this procedure. The advantage of not having any sedation is that you can leave as soon as you have discussed your results with the doctor. You will also be able to resume your normal activities e.g. working, driving. However, you will be fully aware of the procedure. Most patients find this acceptable and not too unpleasant.

- If sedation is required, an injection will be given into the back of your hand or arm. This will make you lightly drowsy and relaxed but not unconscious. You will still be able to hear what is said to you and be able to follow simple instructions during the procedure. Sedation also has an amnesic effect – this means that you may not remember the procedure.

- The disadvantages of sedation are:
  - You will need to stay in the Diagnostic Unit until you recover (this may take up to an hour)
• You will need a relative or friend to take you home
• The injection may continue to have a mild sedative effect for up to 24 hours

If you choose sedation you **must** arrange for a responsible adult to come with you, wait with you and take you home. You will not be permitted to drive, take alcohol, operate machinery or sign any legally binding documents for 24 hours following the procedure.

The procedure

♦ After signing the consent form and getting changed you will be escorted into the procedure room. For your comfort and reassurance a trained nurse will stay with you throughout. You will be asked to lie on a couch on your left hand side. If you are having sedation, the injection will be given at this stage. You will then be connected to a finger probe to monitor your oxygen levels and heart rate.

♦ The endoscopist will then gently insert the sigmoidoscope through the anus into the colon. Air will be blown into the bowel to give clearer views and this may produce wind-like pains. Some patients experience slight discomfort as the tube passes around the bowel. If you find the procedure more uncomfortable than you would like please let the nurse know.

♦ If polyps are seen, these will be removed by electrical diathermy. This is painless and involves the doctor using small heated forceps to detach the polyp from the bowel.

♦ The whole procedure normally takes approximately 15 minutes.

♦ If haemorrhoids are seen these may be examined after the sigmoidoscopy. Another shorter instrument with a light attached is passed through the anus.

♦ The haemorrhoids can be treated. This is done using a tiny rubber band which is stretched and then slipped over each haemorrhoid. This stops the blood supply to the haemorrhoids and in approximately 7-10 days they will fall away. You may not be aware of this as it is usually combined with a bowel movement. Some bleeding may occur at this stage. If it is more than a couple of teaspoons this needs to be reported to your GP immediately.

♦ If you have your haemorrhoids treated you **must not drive** and you will need someone to accompany you home.

What are the possible risks?
Flexible sigmoidoscopy carries a very small risk (approximately 1 in 10,000) of perforation (tear) of the bowel. An operation is nearly always required to repair the hole.

If polyps are removed bleeding may occur from the site (risk approximately 1 for every 100-200 examinations). This is usually minor and may stop on its own or require treatment using a heat probe or injection through the sigmoidoscope.

Another rare complication is an adverse reaction to the intravenous sedative. It can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur they are normally short-lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

After the procedure

After the procedure you will be able to rest in the recovery area before getting dressed.

You may feel bloated and have some wind-like pains. These usually settle very quickly.

If you have had sedation you will be allowed to rest as long as necessary.

When will I know the results?

The doctor will be able to tell you the initial results (what was seen inside the bowel) immediately after the procedure. However, if a biopsy was taken or a polyp removed, the results from the analysis in the laboratory may not be available for a number of weeks. These results will be sent to the doctor who requested the procedure who will then be able to discuss them with you.

If you have had sedation, it is a good idea to have somebody with you as sedation can make you forget what has been discussed.

If you have any of the following, you should contact your GP, NHS Direct or your local Accident and Emergency department immediately for further advice:

- Severe pain
- Black tarry stools
- Persistent bleeding
If you need any further information about your procedure please telephone us on **01225 473409** in working hours where a member of staff will be pleased to help you.

Cancellation of appointment

If you need to cancel or rearrange the appointment please:

♦ **Always inform the Appointments Office** (01225 473401 in working hours) as soon as possible so that alternative arrangements can be made for you.

♦ **Never fail** to let the Hospital know that you cannot attend so that your appointment time can be booked for another patient.

Transport

♦ If transport has been arranged for you by your General Practitioner and you no longer require it please ensure that it is cancelled by telephoning your GP practice to let them know.

♦ The railway and coach stations are within half a mile of the hospital. Taxis are available. There are good Park and Ride services which bring you to within 200 yards of the Hospital. We regret that the Hospital does not have a car park for the use of patients and their escorts. Public carparks are shown on the enclosed map.

♦ Cars may drop-off patients outside the front entrance but may park only if they display a ‘disabled’ sticker.

Access to the Hospital

♦ Automatic doors allow easy access to the hospital and a lift is available. The Diagnostic Unit is situated on the first floor of the hospital.

♦ Please ask at the reception desk for assistance when you arrive

Comments, suggestions and complaints

♦ We are continually striving to improve our care and achieve maximum “Customer Satisfaction”. We welcome constructive criticism and complaints to help us achieve our aim. To this end we would like you to take part in our Customer Satisfaction Survey. It is anonymous.

♦ If you are worried or concerned about anything it is best to try to resolve it with the person involved or a senior member of staff.
♦ Very often staff will be able to reassure you, sort out any problems or put you in touch with the Patient Advice and Liaison Service (PALS) who will be able to help you. PALS provide a friendly and helpful service, which is completely confidential for patients, their carers and families. It can provide information, help, advice and support and a link to the services you need.

♦ If you wish to make a formal complaint, please do so without delay. You may write to the Chief Executive, or if you prefer the Nurse in charge will arrange for someone to make note of your complaint. It will then be passed to the Chief Executive. Your complaint will be investigated and a reply sent to you.

♦ If you are dissatisfied with the way in which your complaint was dealt with you may request an independent review by contacting the Independent Complaints Advocacy Service (ICAS).

♦ Contact the PALS officer for further details on 01225 787040 or email pals@rnhrd.nhs.uk

♦ The Trust believes that all patients who attend the Royal National Hospital for Rheumatic Diseases as day patients have the right to expect certain levels of care which include the right to:

• Receive competent health care according to their individual needs without undue delay

• Expect privacy, dignity and respect at all times

• Expect all information to be dealt with confidentially

• Not to be subjected to any treatment without their consent

• Choose to be informed about all aspects of their illness if they wish

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