

Information for Patients having a Flexible Sigmoidoscopy

What is a Flexible Sigmoidoscopy?

It is an investigation looking at the inside of the left side of your large bowel (colon), using a flexible tube with a camera on the end, called a colonoscope (about the same width as your finger) which is passed into your large bowel via your back passage. Images are viewed on a television screen. A flexible sigmoidoscopy is carried out by a trained Doctor or Clinical Endoscopist and can take between 15 to 20 minutes, although the whole appointment may take 2 to 4 hours.

The purpose of the investigation is to look directly at the inside of the bowel to check whether or not disease or inflammation is present. Tissue samples may also be taken to help with diagnosis. If polyps are present, your Endoscopist can remove these. You will not feel this. When a polyp is particularly big or in a difficult position it may not be possible to remove it at this appointment. In this case we would arrange a further appointment or refer you to a specialist to have the polyp removed.

A video about the procedure and endoscopy unit is also available at:
www.boltonft.nhs.uk/LINK TO VIDEO

Why do I need to have a Flexible Sigmoidoscopy?

Flexible sigmoidoscopy will help your doctor find the cause for your symptoms, thereby assisting in your treatment and if necessary to decide if further tests are needed.

There are many reasons for this investigation including:

- Bleeding from the back passage (rectum)
- Abdominal pain
- Diagnosing the extent of some inflammatory bowel diseases
- To gather more information following another scan or x-ray
- Changes in bowel habit
- Persistent diarrhoea
- A strong family history of bowel cancer
- Surveillance of previous polyps or previous bowel cancer

Risks

For most people, flexible sigmoidoscopy is a safe procedure however there are some potential risks and complications which may occur.

- Flexible sigmoidoscopy carries a risk of bleeding (1 in every 100-200 procedures). The bleeding is usually minor and should stop quickly, however if bleeding continues further treatment may be needed.
- A hole (perforation) in the bowel can be caused by the colonoscope (1:10,000 procedures). This may require surgery to repair the hole in a small number of cases.

What are the alternatives to having a flexible sigmoidoscopy?

Flexible sigmoidoscopy is not appropriate for some people. Some health issues mean it may not be possible. If this is the case for you, we may offer you an alternative test which may be:

- CT scan
- CT colonography

Preparing for the Investigation

The quality of the investigation depends on the preparation of the bowel beforehand. A clear bowel ensures good views for the Endoscopist and enables a thorough investigation. **Please see the section titled bowel preparation below.**

On the day of your procedure

- Please wear comfortable clothes.
- If you use inhalers or angina sprays please bring them with you on the day.
- Have a bath or shower and remove nail polish or jewellery. Please leave valuables at home if possible.
- For your comfort you may wish to bring a dressing gown and slippers, however a gown to change into will be provided.
- A questionnaire is sent out with the appointment letter, please complete this and bring it with you.

Diet

We recommend a low residue diet preferably **for a week** prior to the flexible sigmoidoscopy. The purpose of this diet is to reduce the amount of waste material passed through the gut.

FOODS YOU MAY HAVE

- White meat, chicken, grilled or poached fish. Meat alternatives such as tofu, quorn and seitan
- White bread, chapattis, white pasta or rice.
- Cakes, scones and pastries made with white flour.
- Vegetables (skins removed and cooked), such as tinned tomatoes, boiled, chips or mashed potatoes, carrots, cauliflower, broccoli, turnips, swede, asparagus and aubergine.
- Fruit (remove all skins, peel and pips). Apples, apricots, bananas, mango, melon, peaches and plums.
- Cheese, eggs, tofu, butter, oil and smooth yogurt.
- Water, fizzy drinks, fruit squash (NOT blackcurrant)
- Ice cream, custard, clear jelly, (NO red or blackcurrant jelly), chocolate without fruit or nuts, boiled sweets
- Clear soups, Tea or coffee
- Shredless marmalade or jam
- Low fibre cereals such as cornflakes, rice crispies and Special K.

FOODS TO AVOID

- Red meat, sausages and pies
- All peas, beans, lentils, sweetcorn, nuts and pulses, including baked beans
- Any raw vegetables or salads.
- Green leafy vegetables for example, kale, spinach, brussel sprouts, cabbage.
- Fruit: figs, citrus fruit (lemon, grapefruit), seeded fruit (pomegranate and passionfruit) and all berries (blueberries, cherries, blackcurrants).
- Wholemeal/granary bread and baked goods, brown pasta or rice
- High fibre cereals such as All bran, muesli, shredded wheat.
- Dried fruit, nuts and seeds.

It is generally recommended that you take senna tablets x 2 for 5 days (do not take senna on the same day as the bowel preparation). Senna can be purchased from your local chemist or supermarket. If your bowel movements are already very loose you may not wish to take senna.

Bowel Preparation (laxative)

You will receive a leaflet with the bowel preparation (laxative). Please read it carefully as it will explain how to prepare the laxative drink, and when to take it. The leaflet also contains additional instructions on what foods you can eat the day before your appointment (breakfast and lunch).

You will begin your bowel preparation the **day before** the appointment.

The times to drink the bowel preparation will change dependent on whether you have a morning or afternoon appointment.

If you are asked to take bowel preparation please follow the instructions carefully and contact the Endoscopy Unit if you have any questions.

Once you start taking the bowel preparation it is important you remain near a toilet as you will have lots of watery bowel movements and you may need to use a toilet urgently.

It is important to stay well hydrated during bowel preparation by drinking additional clear fluids such as water, soft drinks (not fizzy) or black coffee or tea (without milk). You can continue to take clear fluids up until **2 hours** before your appointment time.

Patients who have been advised not to take bowel preparation for medical reasons may require an enema; this will be given at the hospital upon your arrival.

What about my medication?

If you are taking **iron tablets** or any **stool bulking agents** (e.g. Fybogel, Regulan, Proctofibre) please stop taking these 7 days prior to your investigation.

If you are on blood thinning drugs e.g. Warfarin, Rivaroxaban (Xarelto), Dabigatran (Pradaxa), Apixaban (Eliquis), Edoxaban (Lixiana), Clopidogrel (Plavix), Dipyridamole (Persantin, Asasantin), Prasugrel (Brilique), Ticagrelor (Efient) please contact the endoscopy unit for further information, as you may need to stop taking them days before appointment.

Any other routine medication should be taken as normal, including on the day of the test. When taking bowel preparation please ensure tablets are taken at least an hour and a half before or after the laxative drink.

Epilepsy/anticonvulsant medication

Please continue to take your anti-epileptic medication as prescribed.

Diabetes

If you are diabetic please contact the Endoscopy Unit for further advice regarding fasting and your medication. If you are taking insulin you should have been allocated an appointment time at the start of the list i.e. 8.15 am or 1.15 pm. Please bring any insulin or diabetic medication with you.

Consent

You must sign a consent form before the procedure if you agree to go ahead. This is a legal document which states that you understand what the procedure entails, its benefits and any risks involved and that you agree to go ahead with the procedure.

What will happen at my appointment?

When you arrive in the department please report to Reception. You will then be asked to take a seat in the reception area. Due to capacity in the reception area your relative/friend may not be able to wait with you.

You should expect to be at the department for approximately 2–4 hours. Occasionally due to emergencies, the waiting time may be longer. We will however endeavour to see you as quickly as possible.

A nurse will then take you to a consultation room and carry out some pre-procedural checks with you. The procedure will be explained including your sedation options, and your consent confirmed. You will be given the opportunity to discuss any concerns or questions.

There are a number of different procedure rooms therefore it may seem that patients are seen out of appointment order. If you have any concerns over the length of time you are waiting please bring to the attention of a member of staff.

Will I find the procedure uncomfortable?

There may be periods of discomfort as the colonoscope is passed around bends in the bowel. Usually this eases once the bend has been passed. If you are struggling with the discomfort please let the nurse know.

There are a few options for sedation that may help with any discomfort you feel. You will be able to decide which is more appropriate for your circumstances. Sedation can be either injected or inhaled in gas form, and both act as pain relief and will help you to relax.

Injection

Sedation can be injected into your vein through a cannula (thin plastic tube). The purpose of sedation is to make you drowsy and more relaxed. This is known as 'conscious sedation'. It is not an anaesthetic and will not make you unconscious, you

will still be able to communicate with the nurse looking after you. Occasionally sedation can also affect your memory of the procedure.

If you have been given sedation, you will not be allowed to drive home, and you will be asked to give the name and number of someone who can collect you. You may experience lapses of memory or feel drowsy over the next 24 hours. You will need to arrange for someone to stay with you for 12 hours following the procedure.

Entonox

As an alternative to conscious sedation, Entonox (gas and air) can be given. Entonox is inhaled through a mouthpiece, you will be given instructions on how to use the gas by the Nurse and given a chance to practice before the procedure starts. Entonox can make you drowsy and a little lightheaded. These sensations disappear rapidly once you stop using the Entonox. You will be able to drive yourself home after using Entonox.

What happens during the procedure?

For your comfort and reassurance, a nurse will be with you throughout the procedure. In the procedure room you will be made comfortable on a trolley lying on your left side with your knees bent towards your chest. Your blood pressure, oxygen levels and pulse will be monitored during the test. If you have requested sedation this will be given before the procedure starts. The Endoscopist will perform a finger-tip examination of your back passage (rectum) before gently inserting the scope into the bowel (colon). During the procedure air is put into your bowel through the scope to give a clear view of its lining, this may give you some wind-like pains but any discomfort should not last long. The air introduced into the bowel can make you feel like you want to go to the toilet, the bowel is usually empty following the bowel preparation therefore it is likely that you will only need to pass wind.

Images are saved during the procedure (showing the inside of the bowel) and are kept as part of your medical notes.

After the procedure

The procedure takes about 20 minutes; you will then be taken to a recovery area and allowed to rest as long as necessary. We will continue to monitor your blood pressure, oxygen levels and pulse for a short period after the procedure. Once you are recovered you will be given a drink and snack. The nurse will provide written and verbal information about the results of your investigation, recovering at home, and arrange any follow-up appointments (if required) before you are discharged. If you would to be accompanied by a friend or relative during your discharge please inform the nurse.

When you arrive home it is advisable to recover quietly for the rest of the day. You will be able to eat and drink normally. If you have been given sedation you must not drive, drink alcohol, operate machinery or sign legal documents for 24 hours.

A letter will be sent to your GP informing him/her of the results of your colonoscopy and any medication you have been prescribed.

About the Endoscopy Unit

The Endoscopy Unit is situated on the first floor, E Block, access is gained from the ground floor lift/staircase via the main entrance to the Hospital.

There is a reception area however, due to capacity relatives/friends may be asked to leave the unit and return when you are ready to be collected.

Please do not bring large sums of money or valuables into the Hospital. Although every care is taken to prevent any loss or damage, we cannot accept responsibility for the loss of patients' property.

If there is anything you wish to discuss prior to your procedure or if you have any further questions then please do not hesitate to contact us on one of the appropriate numbers below:

**For appointments please contact the Endoscopy booking team on:
01204 390273 – Monday- Friday 8-7pm, Saturday 8-6pm**

**For procedure/ medication advice please contact the Endoscopy nurses on:
01204 390648- Monday- Sunday 8-6pm.**

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and for summaries or explanations in other languages, please call 01204 390193 if we can help.

IPG: 2905

Next Review: Aug 2025

Authors: Tracey Lawton & Caroline Harrison