

Endoscopy Department

Flexible Sigmoidoscopy

With enema bowel preparation

Important information

Before your appointment

- Please follow the enclosed bowel preparation instructions carefully. Your bowel must be completely empty to allow the endoscopist to have a clear view.
- Stop taking iron tablets seven days before the procedure. All other medication (including aspirin) should be taken as normal
- If you take **Warfarin** please read the **Alert for patients on Warfarin** on page 2 as you may need to have an INR test seven days before your procedure.
- If you have any questions about the procedure or find that you cannot keep this appointment, please contact the Endoscopy Office between 09:00 and 17:00 Monday to Friday on 01223 257080.

On the day

- Follow the bowel preparation instructions in this leaflet carefully because your bowel must be completely empty of waste material to allow the endoscopist to have a clear view.
- You may eat and drink as normal, even on the day of the procedure.

At the hospital

- Please come to the Endoscopy Department, on level three of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park', opposite the main entrance of the ATC. Take your parking ticket and appointment letter to the ATC reception desk to obtain discounted parking.
- **Please note that the appointment time is for your pre procedure check, not the time of your examination.** The length of time you will be here will vary enormously but expect it to be anything from two to four hours or more. Please ask your admitting nurse for further information during your admission check.

Alert for Endoscopy patients on Warfarin or Clopidogrel

or other anticoagulant medication

You **must** read this guidance **before** your procedure.

If you have any questions or do not know whether to stop your medication before your Endoscopy please phone 01223 216515

Warfarin: for patients advised to continue medication

- You should have an **INR test seven days** before the Endoscopy.
- If that **INR result** is **3.0 or less**, continue with your usual daily Warfarin dose.
- If that **INR result** is **more than 3.0**, ask your supervising anticoagulant service for advice to **reduce your daily Warfarin dose** so that your INR is 3.0 or less when you have the Endoscopy.

Warfarin: for patients advised to stop medication

- You should **stop Warfarin five days** before the Endoscopy.
- After the Endoscopy go back to your usual daily dose as soon as you are eating again (that will usually be the same evening).
- You should have your INR checked one week later to ensure you are adequately anticoagulated again.

If you have:

- metal mitral valve
- metal valve + previous stroke/thrombosis
- valvular heart disease

you may need Heparin injections instead of Warfarin. Ask your local anticoagulant service for advice.

Clopidogrel: for patients advised to continue medication.

- Continue with your usual dose.

Clopidogrel: for patients advised to stop medication.

- You should stop **Clopidogrel seven days** before the Endoscopy.

Other anticoagulant medication:

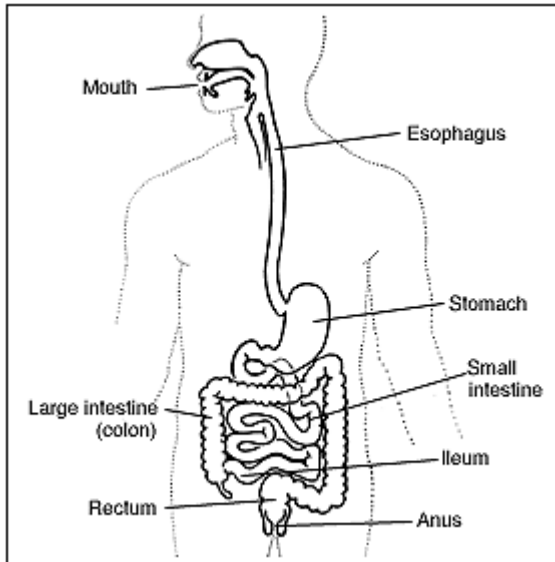
Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the Endoscopy department 01223 216515.

What is a flexible sigmoidoscopy?

Your doctor has requested this procedure to help investigate and manage your medical condition.

Flexible sigmoidoscopy is an examination of the lower part of the colon also called bowel where faeces (stools) are stored before passing out of the anus (back passage).

The procedure involves passing a narrow flexible instrument through the anus into the bowel to examine the lining. This allows us to see if there are any problems such as



inflammation or polyps (a polyp is a bit like a wart). The procedure usually takes about 10 minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful for diagnosis to take a sample (biopsy) of the lining of the bowel. A small instrument, called forceps, passes through the endoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead). This sample is sent to the laboratory for analysis. It is also possible to remove polyps in a similar way. Most people find this completely painless.

Getting ready for the procedure

Bowel preparation - complete three hours before leaving home.

Follow the instruction enclosed with the enema.

On arrival at the department, we will explain the procedure to you and ask you to sign a consent form. You can change your mind about having the procedure at any time.

Sedatives

For many people a flexible sigmoidoscopy is only slightly uncomfortable and sedation is not required. Sometimes the procedure can be uncomfortable, for example, if there is diverticular disease present or if the bowel has many loops – these situations may not be predictable before the examination. If you are worried about potential discomfort or would like sedation for other reasons then you can ask for it. The options are discussed below:

1. **No sedation option:** The advantage is that you can leave as soon as the procedure is finished and you have talked to the endoscopist. You may resume your normal activities such as working and driving. You will be fully aware of the procedure; most patients find this acceptable.
2. **Intravenous sedation option:** we will give you an injection into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). This option means you may not be aware of the procedure.

The disadvantages to this option are:

- You will need to stay whilst you recover which may take up to an hour or more.
- You will need to be escorted home.
- The injection will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while.

If you choose sedation, you **must** arrange for a responsible adult to come with you and wait to take you home. You will not be able to drive yourself. **If you come without an escort, we will have to cancel the procedure.** If you are using hospital transport, an escort is not required.

What happens during the procedure

You will need to undress and put on a gown. We will ask you to remove any glasses and we will make you comfortable on a couch, lying on your left side with your knees bent. For your comfort and reassurance, a trained nurse will stay with you throughout the procedure.

If applicable, the endoscopist will give you the injection and we will give you oxygen through a facemask and put a plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels.

The endoscopist gently inserts the sigmoidoscope through your anus into your colon (bowel). During the procedure, air is passed into your colon to give a clear view of its lining. You may experience some wind-like pains, but they should not last long.

At this time, you might feel like you need to go to the toilet. This is a perfectly natural reaction but as the bowel will be empty there is no need to worry. There may be periods of discomfort as the tube goes around bends in the bowel. If you are finding the procedure more uncomfortable than you would like, please let the nurse know. In order to make the procedure easier, you may be asked to change position (for example, roll onto your back). However if you make it clear that you are too uncomfortable we will stop the procedure.

Potential risks

Flexible sigmoidoscopy procedures carry a very small risk (one in 5,000 cases) of haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. On very rare occasions, this may require an operation, which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces). Removing a polyp can sometimes cause bleeding although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home and, even more rarely, some of these people may need a blood transfusion.

Another very rare complication is an adverse reaction to the intravenous sedative.

After the procedure

If **unsedated**, you may go home immediately after the procedure.

If you **had sedation**, we will take you to a recovery area while the sedation wears off. We will always do our best to respect your privacy and dignity, e.g. with the use of curtains. If you have any concerns, please speak to the department sister or charge nurse.

When you are sufficiently awake, we will give you a drink before you get dressed. You can then go home; this may be up to an hour following the procedure.

We advise you not to drive, operate machinery, return to work, drink alcohol or sign legally binding documents for a 24-hour period after the procedure. We also advise you to have a responsible adult to stay with you for the next 12 hours. You can eat and drink as normal.

If you experience any of the following, you should contact your GP, the Endoscopy Department 01223 216515 or the Accident and Emergency Department 01223 217118 for further advice:

- severe pain
- persistent bleeding

When will I know the result?

The endoscopist will be able to tell you the results immediately after the procedure. If you had sedation, it is a good idea to have someone with you when you talk to the endoscopist because the sedation can affect your ability to remember the discussion. Final results from biopsies or polyp removals will be given to you either by the healthcare professional who requested the procedure at a clinic appointment or by letter. These results can take several weeks to come through. You should discuss details of these results and any further treatment with that person.

Alternatives:

In some cases, depending on individual factors such as the symptoms present and the condition being investigated an alternative may be

- a Computerised Tomography (CT) colon scan.

For more information:

- Contact the Endoscopy Office between 09:00 and 17:00 on 01223 216546.
- See www.addenbrookes.org.uk/consent



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا patient.information@addenbrookes.nhs.uk

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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Contact number	01223 216515
Publish/Review date	July 2010/July 2013
File name	Flexible_sigmoidoscopy
Version number/Ref	5/PIN0656