

Endoscopy Department

Flexible sigmoidoscopy With full 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 are taking **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 **diabetes** please read the advice [on page 7 and 8](#).
- 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, telephone 01223 257080.

On the day

- Drink as much fluid as you can, even on the day of the procedure.
- If you have an afternoon appointment, please remember to take the rest of the bowel preparation first thing in the morning.
- If you want to have sedation please ensure you are accompanied. We cannot sedate you if you come to the department alone.

At the hospital

- Please come to the Endoscopy Department on level 3 of the Addenbrooke's Treatment Centre (ATC).
- Use the 'Patient and Visitor Treatment Centre Car Park', opposite the main entrance to the ATC. Take your parking ticket and appointment letter to the ATC reception desk to obtain discount parking.
- **Please note that your 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
<ul style="list-style-type: none"> You should have an INR test seven days before the Endoscopy.
<ul style="list-style-type: none"> If that INR result is 3.0 or less, continue with your usual daily Warfarin dose.
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> You should stop Warfarin five days before the Endoscopy.
<ul style="list-style-type: none"> After the Endoscopy go back to your usual daily dose as soon as you are eating again (that will usually be the same evening).
<ul style="list-style-type: none"> You should have your INR checked one week later to ensure you are adequately anticoagulated again.
<p>If you have:</p> <ul style="list-style-type: none"> metal mitral valve metal valve + previous stroke/thrombosis valvular heart disease <p>you may need Heparin injections instead of Warfarin. Ask your local anticoagulant service for advice.</p>
Clopidogrel : for patients advised to continue medication.
<ul style="list-style-type: none"> Continue with your usual dose.
Clopidogrel : for patients advised to stop medication.
<ul style="list-style-type: none"> You should stop Clopidogrel seven days before the Endoscopy.
<p>Other anticoagulant medication : Acenocoumarol, sinthrome, phenindione, dindevan: If you are taking any of these please contact the Endoscopy department 01223 216515.</p>

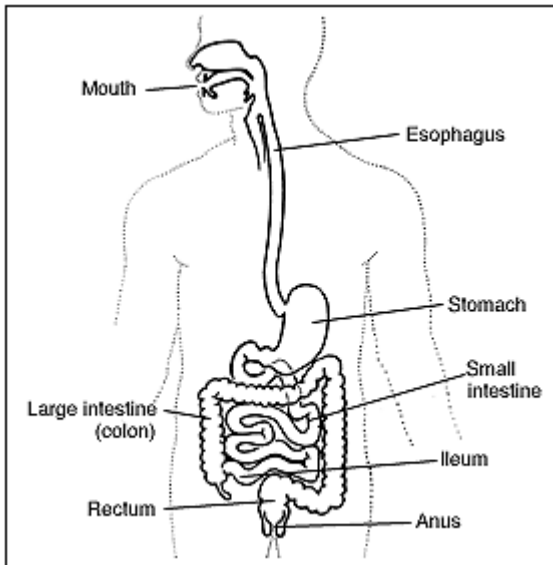
What is a flexible sigmoidoscopy?

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

Flexible sigmoidoscopy involves examination of the lower part of the 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, please do 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 sigmoidoscope 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 painless.

Getting ready for the procedure

Bowel preparation – Start taking the bowel cleansing preparation the day before the procedure as instructed in the leaflet enclosed with it.

You should expect frequent bowel movements starting within three hours of the first dose of the bowel preparation. It is advisable to stay at home when you take the bowel preparation and stay close to a toilet; make sure you have plenty of fluids in the house before taking the preparation.

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, 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. In the procedure room, you will be made comfortable on a couch lying on your left side with your knees slightly bent. For your comfort and reassurance, a trained nurse will stay with you throughout

If applicable, the endoscopist will give you the injection and we will give you oxygen through a facemask, and 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. This can give you 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 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 (1 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). 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, for example 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 may feel a bloated and have some wind-like pains if some of the air remains in your bowel; these usually settle down quickly.

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 by the healthcare professional who requested the procedure either at a clinic appointment or by letter. These results may 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 an alternative may be a Computerised Tomography (CT) colon scan.

For more information:

- Contact the Endoscopy Office between 09:00 and 17:00 Mon – Fri on 01223 257080.
- See www.addenbrookes.org.uk/consent

Patients with diabetes who have morning appointments (before 13:00)

Please follow these instructions if your procedure is in the **morning**. For any diabetes related questions during bowel preparation, please contact your GP or the diabetes specialist nurses on 01223 245151 bleep 152078.

Food & Drink

You should not eat anything on the day you take your bowel preparation and should continue without food until after your procedure. However, you must drink as much as possible during this time. Drink at least a glass full of clear fluids every hour during your bowel preparation, so that you do not become dehydrated.

Make sure you have some sugary drinks available e.g. Lucozade 100ml, apple or grape juice 200ml. **Drink these if your blood sugar drops below 4.** Ensure that your bedtime blood sugar is **at least 10**

Test your blood sugar regularly throughout the day. Continue drinking on the day of your procedure.

Insulin – taken once daily

No change to insulin dose necessary

Insulin - taken twice daily

Day before procedure

- take ½ your normal insulin both times you inject, with a sugary drink.

Day of procedure

- do not take your normal morning insulin. Bring it with you plus something to eat
- after your procedure take ½ your normal morning insulin with something to eat
- take your normal evening insulin dose.

Insulin – taken four times a day

Day before procedure

- do not take any quick acting insulin.
- take your normal bedtime insulin unless you take **Insulatard** or **Humulin I**. If so, reduce these by 1/2.

Day of procedure

- do not take your normal morning insulin.
- after your procedure take your normal short acting lunchtime insulin with food
- take your normal evening and bedtime insulin doses.

Tablets for diabetes

Day before procedure

- do not take any diabetic tablets.

Day of procedure

- do not have your morning tablets. Restart tablets at the next dose after your procedure.

Diabetes patients with afternoon appointments

Please follow these instructions if your procedure is in the **afternoon**. For any diabetes related questions during bowel preparation, please contact your GP or the diabetes specialist nurse on 01223 245151 bleep 152078.

Food & Drink

Day before procedure

Food: You may have breakfast & lunch. Do not have any further food until after the procedure.

Drink: Drink as much as possible. Drink at least a full glass of clear fluids every hour during bowel preparation to prevent dehydration. Make sure you have sugary drinks available, for example lucozade (100ml), apple or grape juice (200ml). **Drink these if your blood sugar drops below 4. Ensure your bedtime blood sugar is at least 10.** Test your blood sugar regularly throughout the day.

On the day of the procedure

Food: do not eat until after your procedure.

Drink: continue drinking.

Insulin and Tablets

Insulin – taken once daily

Day before and on the day of procedure: no change to dose needed.

Insulin - taken twice daily

Day before procedure:

- take normal morning insulin with breakfast.
- take ½ normal evening insulin with a sugary drink.

Day of procedure:

- take ½ normal morning insulin with a sugary drink.
- take normal evening insulin dose. Eat as normal.

Insulin – taken 4 times a day

Day before procedure:

- take your normal morning and lunchtime insulin doses with food.
- do not take any quick acting insulin at supper time
- take your normal bedtime insulin dose unless you take **Insulatard** or **Humulin I**. If so, reduce these by 1/2. Do not have a bedtime snack.

Day of procedure:

- do not take any morning or lunchtime quick acting insulin
- you may take your long acting insulin in the morning as normal
- after your procedure take your normal evening and bedtime insulin doses with food.

Tablets for insulin

Day before procedure: take your normal morning tablets. Do not take any evening tablets.

On the day: do not have your morning tablets. Restart tablets at next dose after procedure.



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

如您需要以另一語言版本、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: 01223 216032 یا patient.information@addenbrookes.nhs.uk کی درخواست کریں:

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পোতে 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_with_full_bowel_preparation
Version number/Ref	3/PIN1674