

## Patient information

# Inpatient Flexible Sigmoidoscopy

### Gastroenterology Department

Your consultant or doctor has advised you to have a flexible sigmoidoscopy.

#### **What is a flexible sigmoidoscopy?**

This is an examination of the lower bowel in which a flexible telescope is inserted into your back passage, allowing inspection of the left side of the colon (bowel). The scope has a lens on its end enabling the person performing the test to view the inside of your bowel on a television screen.

#### **What are the benefits of a flexible sigmoidoscopy?**

This test is the most accurate way we have of looking at the lower large bowel (colon) to establish whether there is any disease present. If required, a sample of tissue (biopsy) can be taken from the lining of the bowel for examination under the microscope in the hospital laboratory. If we find polyps (small lumps of tissue on the inside wall of the bowel) they may be removed. The procedure to remove a polyp is called a polypectomy.

#### **What are the risks of a flexible sigmoidoscopy?**

##### **Perforation**

It is possible to damage the large bowel lining making a hole. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). This nearly always requires an operation to repair the hole. The risk of this happening is approximately 1 in every 5000 examinations.

##### **Bleeding**

If a polyp is found, then this needs to be removed since many polyps are the type that can turn into cancer if left untreated for a long period of time. Removing them when still benign (non-cancerous) eliminates this risk. A polyp is usually removed by using a small electric current to burn through the base and then separate it from the bowel wall.

The risks of removing the polyp include bleeding. This can often be stopped straight away but may occasionally be more serious or even occur a few days later.

Depending on the size of the polyp, this may occur for every 1 to 500 polyps removed. The other risk from removing a polyp is of making a hole in the bowel wall, which would then require surgery.

## **Are there any alternatives to this procedure?**

This is the best test to examine the lowest part of your bowel. If your symptoms indicate it, you may need similar or different tests to examine your bowel more extensively but this is not necessary for everyone.

We use alternative tests such as CT scans for some patients but these are not always as useful as a direct examination of the bowel which also has the advantage that samples can be taken at the same time.

## **What will happen if I don't have this procedure done?**

Doing nothing may result in your signs and symptoms getting worse over time and may result in you needing an operation. It may also mean that you will not be getting the treatment you need.

### **Important: If you have:**

#### **Diabetes**

- **Are taking: (Warfarin tablets, Clopidogrel (plavix) tablets)**
- **Anticoagulants**
- **Warfarin**
- **Heparin/Low molecular weight heparin (including enoxaparin/dalteparin)**
- **Dabigatran**
- **Rivaroxiban**
- **Sinthrome**
- **Apixaban**
- **Fondaparinux**
- **Edoxaban**

#### **Antiplatelet therapy**

- **Clopidogrel (Plavix)**
- **Prasugrel (Efient)**
- **Ticagrelor (Brilique)**
- **Dipyridamole (Persantin) and aspirin**
- **Are on dialysis**
- **Have suffered a heart attack within the last three months**

**You must contact the Gastroenterology Unit as soon as you receive this information leaflet.**

**Tel: 0151 706 2656**

**Text phone number: 18001 0151 706 2656**

## **What anaesthetic or sedation will I be given?**

The majority of examinations are undertaken without sedation. If you do have sedation, the drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards. The results of the test can be explained when you are back on the ward and fully awake.

A side effect of these drugs is that they can slow your breathing, this should not normally happen but sometimes patients can be oversensitive to the drug. This is the main reason we do not give high doses of these drugs. We also will give you oxygen during the test.

If you are worried about any of these risks, please speak to your consultant or a member of their team on the ward.

## **Getting ready for your flexible sigmoidoscopy**

You will require to either take an oral bowel preparation that you will have to drink or given an enema preparation. This is to clear the lower bowel. You may wish to bring a dressing gown and slippers.

When you come to the department, please tell the doctor or nurse about any drugs you are taking, possible allergies or bad reactions you may have had.

## **Your flexible sigmoidoscopy procedure**

During the test you will be asked to lie on your left side on a couch with your knees bent. A rectal examination will be performed with a gloved finger, which will help to relax the muscle. After this, the telescope will be lubricated and inserted into your bottom.

Small puffs of air and a little water are then blown down the telescope and into your bowel, so that it can be seen clearly.

## **After your flexible sigmoidoscopy**

If you had sedation, you will be made comfortable and then taken back to the ward. Your blood pressure and pulse may be recorded and when you are fully awake you will be allowed to eat and drink.

## **Minor post procedure symptoms**

You may notice some wind pains due to the air that has been put into the bowel at the time of the examination, which is done to allow the doctor/nurse to get a clear view of your bowel. This should disperse once you are up and about walking around.

You may have some spotting of blood if you have had any polyps or large pieces of tissue samples removed.

## **Serious post procedure symptoms**

If you experience any severe pain in your neck, chest or abdomen or if you are bleeding heavily, you must inform the nursing staff.

Results of the examination will either be given to you on the ward you or at your next clinic appointment. Sometimes biopsy, photography or other information is taken which may need to be assessed further and the result may not be available for a week or two. A copy of the report will be sent to your family doctor (GP).

We are a large teaching Trust and so we are involved in teaching students and in research work. Qualified doctors and nurse practitioners in training to perform endoscopy may perform your test under supervision by a skilled endoscopist. You may also be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse and your decision will not affect your treatment in anyway.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Further Information**

**If you have any questions or queries, please contact the Gastroenterology Unit during the following hours**

<b>Monday – Thursday</b>	<b>0800 – 2100 hrs</b>
<b>Friday</b>	<b>0800 – 1700 hrs</b>
<b>Saturday/Sunday/BH</b>	<b>0800 – 1600 hrs</b>

### **Clinic appointment enquiries**

**Tel: 0151 706 5555**

**Text phone number: 18001 0151 706 5555**

**The Emergency Department (A&E) is open 24 hours**

**Tel: 0151 706 2051/2050.**

**Text phone number: 18001 0151 706 2051/2050**

### **Royal Liverpool Hospital**

**Tel: 0151 706 2656/ 2819/2726**

**Text phone number: 18001 0151 706 2656/2819/2726**

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