

Patient information

Outpatient 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 bowel (colon). The scope has a lens on its end, which allows the person performing the test to view the inside of your bowel on a television screen.

What are 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. It also allows a sample of tissue (biopsy) to be taken for examination by the pathology department if necessary. Sometimes larger pieces of tissue such as small polyps are removed at the time of the test but often if these are found, you may need a more extensive examination later.

What are the risks of a flexible sigmoidoscopy?

Peritonitis

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

Bleeding

If a polyp is found, it may need to be removed, but the endoscopist will decide at the time of the test if the polyp should be removed. Sometimes a biopsy is taken and you may be rebooked for another procedure for the polyp to be removed.

A polyp is usually removed 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 happen a few days later.

Depending on the size of the polyp, this may occur for every one in 200 polyps removed. The other risk from removing a polyp is of making a hole in the bowel wall, which would then need 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.

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.

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 before you are due to have this treatment.

If you have sedation, you must have a friend or relative collect you from the Gastroenterology Unit and we recommend they stay with you afterwards.

Getting ready for your flexible sigmoidoscopy

- You will need to take either an oral bowel preparation that you will have received with your appointment or be asked to have an enema preparation to clear the lower bowel. Sometimes we instruct patients about a different preparation.
- **If you are taking iron tablets, please stop taking them one week before your appointment.**
- Please bring a dressing gown and slippers.
- When you come to the department, please tell the doctor or nurse about any medicines you are taking, possible allergies or bad reactions you may have had, or heart valve problems requiring antibiotics.

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.
- Air and a little water is then blown down the telescope and into your bowel, so that it can be seen clearly.

After your flexible sigmoidoscopy

You will be able to walk back to the area you came from to get dressed. You may wish to have a friend or relative call to collect you.

If you have had sedation you must have a friend or relative collect you from the Gastroenterology Unit and for next 24 hours you must not

- Travel alone.
- Drive any vehicle e.g., car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

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 return to the Accident and Emergency Department and bring this, and any other information leaflet you are given with you so as to inform the staff what you have had done.

Results

Results of the examination will either be given to you before you leave 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).

Cancellations

If you are unable to keep this appointment, please let us know as soon as possible on

Tel: 0151 706 2656 Text phone number: 18001 0151 706 2656. We will be able to give your appointment to another patient and arrange another for you.

Transport

- Transport has not been arranged for this appointment so it will be necessary for you to make your own arrangements.
- Parking for patients and visitors is available at the Q-Park multi-storey car park. The entrance by car is on Epworth Street off Erskine Street. The car park is open 24 hours a day, seven days a week. This is a private car park and charges apply. The car park is continually monitored by parking hosts and CCTV. There are ten disabled spaces on the entry level of the car park. If you need help, please speak with a parking host at the car park entrance.
- If you have been referred to us from clinic and usually have an ambulance to bring you for your appointment, please contact us on: **Tel: 0151 706 2656 Text phone number: 18001 0151 706 2656 as soon as possible.**
- If you have been referred to us by your family doctor (GP) and require an ambulance, contact your family doctor to book the ambulance.

Further appointments

You may be given a follow up appointment before leaving or one will be sent to you in the post to attend the clinic of the doctor who referred you.

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

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

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

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 2051/2050

Royal Liverpool Hospital

Tel: 0151 706 2656/ 2819/2726

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

Author: Gastroenterology

Review date: May 2027

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