

If you are unable to keep your appointment, please notify the Endoscopy Unit booking office as soon as possible.

Contact telephone numbers: Monday to Friday 08.00-18.00 hours

For appointments: please contact the Endoscopy Unit booking office on 01493 452690

For advice: please contact the Endoscopy Unit on 01493 452370

Introduction

You have been advised by your GP or hospital doctor to have an investigation known as a flexible sigmoidoscopy.

If you are unable to keep your appointment, please notify the department as soon as possible. This will enable the staff to give your appointment to someone else and arrange another date and time for you.

This booklet will give you information about the investigation and its risks and benefits to help you make an informed decision about having the procedure. A consent form is also enclosed

The consent form is a legal document, therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, **please sign and date the consent form**. You will notice that the form is in duplicate, allowing you to keep a copy for your records.

If however, there is anything you do not understand or wish to discuss further do not sign the form, but bring it with you so you can discuss with a healthcare professional. Once you have made an informed decision you can then sign the consent form.

This procedure requires your formal consent.

What is a Flexible Sigmoidoscopy?

This is an examination of the left side of your large bowel (colon). This test is a very accurate way of looking at the lining of the left side of your large bowel (colon) to establish whether there is any disease present. This test also allows us to take tissue samples if necessary.

The instrument used in this investigation is called a colonoscope, and is flexible. Within each scope is an illumination channel which enables light to be directed onto the lining of your bowel, and another which relays pictures back onto a television screen. This enables the endoscopist to have a clear view and to check whether or not disease or inflammation is present.

During the investigation the endoscopist may need to take some samples from the lining of your colon for analysis - this is painless.

Samples taken will be sent to the laboratory for analysis. After analysis any remaining specimen will be retained for six weeks before being destroyed.

Photographs may be taken for your medical records.

The procedure is performed by, or under the supervision of, a doctor or nurse Endoscopist who will usually administer pain relief in the form of Entonox® (Gas and Air).

Why do I need to have a Flexible Sigmoidoscopy?

You may have been advised to undergo this investigation to try and find the cause of your symptoms, or to help with treatment and if necessary, to decide on further investigation. For example if you have:

- Bleeding from the back passage
- Abdominal pain
- Diagnosing the extent of some inflammatory bowel disease
- Follow up inspections of previous disease
- Assessing the clinical importance of abnormalities found on x-ray
- An alternative to this investigation would be a barium enema examination, this has the disadvantage that samples cannot be taken or polyps removed.

What are the risks?

A. The endoscopic examination:

Please be aware that serious complications are very rare.

The most serious risk is the endoscope damaging your colon during the test. This can cause bleeding or a perforation (tear) of the lining of the bowel. The risk of perforation of the lining of the bowel is approximately 1 in 1000 examinations. In the rare case that this does occur an operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.

Bleeding may occur at the site of a biopsy or removal of a polyp (a small growth on the lining of the bowel). The risk is approximately 1 for every 100 – 200 examinations where this is performed. Such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.

B. Sedation:

Sedation is not routinely offered for this procedure.

However, if sedation has been agreed, you need to be aware of the following risks associated with sedation.

This can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by an endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Older patients and those who have significant health problems, for example, people with significant breathing difficulties due to a bad chest may be assessed by a doctor before being treated.

Please note that occasionally the test may need to be abandoned or may be incomplete. In this case, the test may need to be repeated or we may suggest an alternative procedure.

What are the alternatives?

Barium enema

An alternative investigation to flexible sigmoidoscopy is a barium enema examination. This test can examine the large intestine using X-rays and barium sulphate. The barium sulphate coats the lining of your bowel, making it easier to see on X-ray. It has the disadvantage that samples of the bowel cannot be taken if an abnormality is found. If this is the case a subsequent endoscopic examination may be required.

CT (computerised tomography) colonography

This is a type of X-ray machine that can give more details than normal X-rays. This test uses low dose radiation CT scanning to obtain an interior view of the colon (the large intestine). However, it cannot be used to take biopsies or remove polyps, so you may still need a Flexible Sigmoidoscopy.

This investigation is currently not performed at our hospital and would need to be performed elsewhere.

Preparation for the investigation

How can I prepare for a flexible sigmoidoscopy?

To make sure the endoscopist has a clear view of your colon, the left side of your colon must be completely empty. Therefore, you will be asked to follow a special diet for a few days before the procedure. You will also have to take a laxative (a substance that speeds bowel movement) before the test. Full guidance will be given to you when you receive your bowel preparation.

The instructions will state you should take 8 Senna tablets, this softens the stool. You may be provided with a box of 20 'Senlax' this is a generic name for Senna. Please only take 8 as directed by the instructions. The rest can be disposed of in normal waste or returned to us for disposal.

You must follow the dietary instructions and not the instructions in the packet of bowel preparation.

If you have any queries do not hesitate to contact the endoscopy unit and someone will assist you.

On the day of the examination

You may continue taking clear fluids until two hours prior to your appointment.

You will need to administer the enema one hour before you set off from home, please try and retain the fluid for as long as possible (approximately 10 minutes) before going to the toilet.

Please note – The enema can be given by nursing staff in the department only in the following circumstances:

- Patients who have a disability that prevent self-administration at home
- Frail, elderly patients
- Patients who live over one hour away from the endoscopy unit.

Please arrive 30 minutes before your appointment time if the enema is to be given by the nursing staff

If you have any queries please do not hesitate to contact the endoscopy unit and someone will assist you.

If you have ever been told that you have CJD or vCJD (Creutzfeldt-Jakob Disease or variant Creutzfeldt-Jakob disease), or were at risk of developing it, please ring the department as soon as possible.

What about my medication?

Please bring a list of your medications with you to your appointment.

If you are taking sedatives or chronic pain medication please let the doctor or nurse know in good time before the date of your procedure.

If you are taking **iron tablets** you must stop these **seven days** prior to your appointment.

If you are taking **stool bulking agents** (e.g. Fybogel[®], Regular[®], Proctofibe[®]), loperamide (Imodium[®]), Lomotil[®] or codeine phosphate you must stop these **four days prior** to your appointment.

Diabetics

If you are diabetic please see the separate guidance provided or refer to JPUH patient information on the website.

Anticoagulants and anti-platelet agents

If you are taking anticoagulants e.g. warfarin or acenocoumarol, the anticoagulation nurse will contact you at least **seven days prior** to your appointment about stopping, or dosing, and arranging a blood test. On arrival to the endoscopy unit the nurse will test your blood to check your INR and advise on dosing after the procedure.

There is no restriction in taking aspirin or dipyridamole which can be taken as usual.

You may only need to stop antiplatelet or anticoagulant medication if you are having a therapeutic procedure such as a polypectomy. Your consultant will advise you.

Medical devices

If you have a pacemaker or implantable cardioverter defibrillator (ICD) that has not been checked within the last six months please telephone the department as soon as possible for a check to be carried out. If the device has been checked then all you need to do is inform the nurse on admission of the device and the date last checked.

Other medication

You should continue to take all of your other medications as normal, unless you have been told otherwise by your referring doctor.

How long will I be in the endoscopy department?

This largely depends on how quickly you recover from the procedure and how busy the department is.

You should expect to be in the department for about three hours.

Emergencies can take priority over outpatient lists.

What happens when I arrive?

You will be met by an endoscopy nurse who will ask you a few questions, one of which concerns your arrangements for getting home.

They will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

You will have a brief medical assessment regarding your medical condition and any past surgery or illness you have had to confirm that you are sufficiently fit to undergo the procedure.

Your blood pressure, heart rate and oxygen levels will be checked and recorded. If you are diabetic your blood glucose level may also be checked.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

You will then be asked to change into an examination gown and dignity shorts.

Sedation

Sedation is not routinely offered for a Flexible Sigmoidoscopy.

Entonox[®] (Gas and Air)

An alternative painkiller called Entonox[®] (Gas and Air) is routinely offered for this procedure. The nurse in the room will explain how to use the Entonox[®] equipment. You may drive home 30 minutes after using Entonox[®]

However, sedation can be offered in the following circumstances:

- Previous difficult or complicated procedures
- Therapeutic procedures
- Inability to use the Entonox[®] equipment

However, if you do wish to have sedation please telephone the endoscopy department before the date of your appointment

Please note that if you decide to have sedation you will need to starve for six hours prior to your appointment, sips of water only up to two hours before the procedure.

If you have sedation you should not drive, ride a bicycle or use public transport alone following the procedure

You should not take alcohol or sleeping tablets, operate machinery or do anything requiring skill or judgement, go to work, make any important decisions or sign any legally binding documents for 24 hours following the procedure.

You must arrange for a family member or friend to collect you.

You must have a responsible adult to stay with you overnight.

The nurse will need to be given their telephone number so that they can be contacted when you are ready for discharge.

If you do not have an escort or have not arranged for someone to collect you, then your procedure will be cancelled. If you are unable to arrange someone to collect you, please contact us to discuss alternative arrangements.

The flexible sigmoidoscopy examination

You will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.

The test itself takes about 20 minutes and an endoscopy nurse will be looking after you throughout the procedure.

The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger. Your blood pressure will also be recorded.

If you have opted for sedation, the sedative drugs will be administered into a cannula in your vein and you will quickly become drowsy and relaxed.

The flexible sigmoidoscopy involves maneuvering the colonoscope around the left side of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time but this is rarely distressing enough to stop the examination.

Carbon dioxide is gently passed into the bowel during the investigation to make it easier to see the lining of the bowel and to facilitate the passage of the colonoscope. This may make you feel slightly bloated and you may feel the urge to go to the toilet, but you will not be able to do this as your bowel will be empty. Many people pass some wind during the test. This is perfectly normal and is nothing to be embarrassed about.

Occasionally the nurse will press gently on your tummy or your position may be altered to aid the passage of the scope.

During the procedure samples may be taken from the lining of your bowel for analysis, you will not feel this. These will be retained. Any photographs will be recorded in your medical notes.

What is a polyp?

A polyp is a small growth on the lining of the bowel. Some polyps are attached to the intestinal wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

Polypectomy

A polyp may be removed during the procedure; you will not feel this.

For large polyps a wire loop is placed around the polyp and by using an instrument known as diathermy, which uses an electrical current to burn away the polyps, a high frequency current is then applied and the polyp is removed.

Flat polyps can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.

After the procedure

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have any underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. You will be offered a drink and biscuits straight after the procedure unless you have had sedation, in which case you might have to wait for 30-60 minutes.

Before you leave the department, the nurse or doctor will explain the findings and any medication or further investigations required. They will also inform you if you require further appointments.

If you have had sedation, this can make you forgetful and you will need to have a member of your family or a friend with you when you are given this information.

If you have had sedation you may feel fully alert following the investigation, however the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory. If you live alone you should arrange for a responsible adult to stay with you overnight.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.

You should rest at home following your procedure, you can eat and drink normally and should be able to carry out your normal activities 24 hours after the test.

It is not unusual to experience some diarrhoea for a couple of days post procedure until the bowel returns to its normal function. Abdominal pain due to carbon dioxide introduced into your colon during your procedure can be alleviated by hot drinks, moving around and eating peppermints. You are also encouraged to pass wind which will help to ease the discomfort. This discomfort may last for several hours.

General points to remember

It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over less urgent cases.

If you have any problems with persistent or worsening abdominal pain after your procedure, please contact your GP immediately informing them that you have had an Endoscopy.

If you are unable to contact or speak to your doctor, you can phone or attend the hospital's A&E department. You can contact them on **01493 452559**

There is a small chance you may be given Buscopan® during this procedure – if on discharge you develop symptoms such as pain in the eye, blurred vision, haloes round lights, nausea or vomiting please report to The Emergency Department in case the eye pressure has gone up and needs treatment.

Privacy and dignity

Please note we have single sex changing, recovery and toilet facilities available in the unit.

Please be advised that relatives are not permitted into the procedure room with the patient or into the recovery areas. This is to protect other patients' privacy, dignity and enable staff to concentrate on looking after the patients.

Visit our website:

<http://www.jpaget.nhs.uk/departments-services/departments-services-a-z/endoscopy-unit/>

Guidelines for people with diabetes undergoing a Flexible Sigmoidoscopy

As a person with diabetes, you need to adjust your treatment according to the timing of the appointment. As a result your blood sugar may be a little higher than usual. This is only temporary to maintain your blood sugars through the procedure and you will be back to your usual level of control within 24 – 48 hours.

Treatment by diet alone

If you control your diabetes by diet alone, you simply need to follow the instructions provided separately to this booklet to prepare for your Flexible Sigmoidoscopy.

Treatment by tablets, non-insulin injections

You should have a morning appointment. If you have not, please ring the Endoscopy Unit booking office on **01493 452690** to reschedule the appointment time.

Treatment with insulin

You should have an early morning appointment. If you have not, ring the Endoscopy Unit booking office on **01493 452690** to reschedule the appointment time.

Report to the nursing staff if you have needed glucose before arriving, and inform them immediately if you feel hypoglycaemic at any time during your visit.

You can take your morning dose of insulin as soon as nursing staff tell you that you can safely eat and drink.

If you have any concerns about adjusting your medication, ring the Diabetes Nursing Team on 01493 453373 (answer phone).

This booklet was produced by:

The Endoscopy Team and The Endoscopy Patient Participation Group at the James Paget University Hospitals NHS Foundation Trust.

Diabetic patient information ratified by Dr Joanne Randall, Consultant Endocrinologist.

This booklet was adapted from original documents produced by the Winchester and Eastleigh Healthcare NHS Trust, Endoscopy Department and Guy's and St Thomas' NHS Foundation Trust.

Your Feedback

We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

Before leaving please complete a Friends and Family Test feedback card.

Help us transform NHS services and to support patient choice.

OUR VALUES

Collaboration

We work positively with others to achieve shared aims

Accountability

We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan

Respect

We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride

Empowerment

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

Support

We are compassionate, listen attentively and are kind to ourselves and each other



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240