

Endoscopy Department

Having a Flexible-sigmoidoscopy at Queen Alexandra Hospital

Patient Information

Specialist Support

This leaflet can be made available in another language, large print or another format. Please speak to the Ward Manager who can advise you.



It is important that you read this leaflet before attending your appointment.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a procedure that allows us to look at the lining of your sigmoid colon. In order to do this, a thin flexible tube called an endoscope, is passed through your anus (back passage).

Biopsies (small samples) can be taken if required and sent to the laboratory to be looked at under the microscope. The biopsies taken are about the size of a match head and will not cause you any pain. Photographs/recordings may also be taken and kept on your records.

How can I prepare for my flexible sigmoidoscopy?

It is important that your bowel is empty before the procedure otherwise we may not have good views. You have been sent an enema. Please follow the instructions on the packet.

It needs to be used 1 - 2 hours before your procedure and you will usually need to go to the toilet within 5 - 10 minutes of using it.

We ask that you give yourself the enema at home before attending your appointment. For those that are not physically able to, we ask that you arrive 30 mins earlier than your stated appointment time and this can be done for you once you have

seen the nurse on admission. You will not need to stop eating or drinking for this procedure.



We will need a list of all the medications that you are currently taking. Please bring this medication list with you.

PLEASE NOTE: iron tablets will need to be stopped 7 days before your procedure date.

You should be able to take your regular medications as usual before the procedure, however, if you are taking any medication that thins your blood please contact the Endoscopy Unit at Queen Alexandra Hospital on **02392 286000 ex 5798** as soon as possible as these may require stopping.

Why should I have a flexible sigmoidoscopy?

Your doctor / specialist nurse has recommended that you have a flexible sigmoidoscopy to find out the cause of your symptoms, or to help to diagnose and monitor long term conditions such as:

- Inflammatory bowel disease (Colitis/Crohn's)
- Bleeding
- Pain in the lower abdomen (tummy)
- Infection
- Polyps
- Diverticular disease
- Cancer

What are polyps?

A polyp is a protrusion (bulge) from the lining of the bowel. They are usually removed by the endoscopist as some may grow and become cancerous over time.

There are a variety of ways to remove polyps depending on where they are on the bowel and their size. Removing polyps is a painless procedure.

Will I be asleep for the procedure?

No. A flexible sigmoidoscopy is usually performed without medications. Gas and Air (Entonox) can be offered. This helps you to relax, reduces anxiety and is an effective pain relief. The benefit of Entonox is that you will be back to your normal self and able to drive within half an hour of having the procedure.

Are there any alternatives?

- **CT (computerised tomography) scan**
This is a special type of X-ray (also known as a 'Virtual Colonoscopy'). It has the disadvantage that biopsies / polyps can not be removed. These samples may be vital for diagnosis, meaning you may still need to have a further to flexible sigmoidoscopy. CT scans are generally considered less accurate than a flexible sigmoidoscopy and involve radiation.
- **Not to have the procedure.** If you decide to not have this procedure then a potential abnormality may be missed. You are advised to speak to your doctor before making this decision.

What are the risks?

Flexible sigmoidoscopy is generally a safe procedure. Complications are rare but they can happen. If a polyp is removed, the risks are slightly increased.



- **Perforation**
There is a small risk of making a tear in the lining of your bowel. In the unlikely event that this occurred, surgery may be required. In very rare cases, surgery may lead to a stoma (an opening is made on your tummy to divert faeces into a bag).
- **Bleeding**
There may be bleeding from a biopsy site or from minor damage caused by the endoscope. This usually stops on its own. In rare cases where significant bleeding occurs a blood transfusion may be required.
- **Discomfort / Bloating**
Mild discomfort is caused by air blown into the colon to allow it to be viewed. The Endoscopist will remove most of this before withdrawing the endoscope. You may feel the need to pass wind during the procedure and is safe and advised to do so.
- **Missed pathology**
Every effort is made to complete the procedure as thoroughly as possible but it is accepted that small lesions may be missed.
- **Incomplete procedure**
On rare occasions, an incomplete procedure can occur for reasons such as;

- a technical difficulty
- stool or blockage in the colon
- difficulties during the procedure
- significant discomfort

Giving my consent (permission)

You will need to give consent to go ahead with the procedure.

It is important that you are fully informed about all aspects of the procedure and understand the risks and benefits for consent to be valid.

There is a copy of the consent form printed in this booklet for you to read through. If you have any questions or concerns, or want to talk about giving consent or any part of the procedure, this can be done at the time of your admission.

What happens when I come for my flexible sigmoidoscopy?



You will report to our reception desk at the endoscopy unit on D Level. The admitting nurse will in turn take you to a private room to complete the admission process. Your consent will be confirmed at this point as well as checking your bowel preparation has worked and that your observations are satisfactory.

It is our aim for you to be seen as close to your arrival time as possible. However the Endoscopy Unit is very busy and your procedure may be delayed due to emergencies.

Please expect to be in the Unit for 2 - 5 hours

What happens during the procedure?

You will have the opportunity to ask any final questions that you may have, while the Endoscopist asks you about the symptoms you have / the reason for the procedure.

Once on the trolley (bed), you will be asked to pull your trousers and underwear down to your knees underneath a blanket and will then be asked to lie on your left hand side.

If you have opted to have Entonox, the nurse will explain to you how to inhale the gas/drug. The Entonox will make you feel relaxed and light-headed quite quickly.

A nurse will remain with you throughout the procedure. A small probe will be put on your finger to monitor your oxygen and heart rate.

The Endoscopist will firstly lubricate your anus with some jelly and will then gently insert a finger into the rectum. The Endoscopist will then insert the endoscope. Medical air will be pumped into the bowel to enable the Endoscopist to see. This can sometimes cause some discomfort / bloating. It is advised that you pass this air as required to relieve discomfort throughout the procedure.

There are some naturally occurring bends in the bowel and when passing these, it may become uncomfortable for a short

period but the sedation and pain relief will help to minimise this.

The procedure usually takes between 10 - 20 minutes

What happens after my flexible sigmoidoscopy?

You will be given a copy of the report. A copy will also be sent to your GP.

By this time, you should be ready for discharge. The nurse will go through the discharge information. You will be given a discharge leaflet and a copy of your signed consent form.

If you have had Entonox, you will be advised not to drive your car until 30 minutes has passed from the time you had the drug/gas. You are welcome to wait in the unit during this time or to go for a walk if you feel back to your usual self.

Routine biopsies and polyps that have been sent to the laboratory can take up to 8 weeks to be processed. The Endoscopist will write to you with the results.

If an urgent result is required, the results are fast tracked and will be available in 2 weeks. Your GP will also receive a copy. It is normal to have mild abdominal discomfort following a flexible sigmoidoscopy. This is due to the medical air that is inserted during the procedure but this should settle within a few hours.

You can eat and drink normally straight after your procedure.

General points to remember

It is our aim for you to be seen as close to your appointment time as possible. However we are also a busy unit which also looks after emergencies and some times your appointment may be delayed.

The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

What if I have more questions?

Please contact the Endoscopy Unit at Queen Alexandra Hospital on 02392 286000 ex 5798 if you have any urgent questions. Otherwise, please make a note of your questions and the nurse can answer them when you come for you procedure.



Consent Form 1

Patient Agreement to Investigation or Treatment

Patient details (or pre-printed label)

NHS Organisation Patient's first names

Surname / family name Responsible health professional

Date of birth Job title

NHS number (or other identifier) Special requirements

Male Female (eg other language / other communication method)

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

Flexible sigmoidoscopy +/- Polypectomy

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits:

Diagnosis and treatment of colonic conditions

Serious or frequently occurring risks:

- Bleeding, perforation which may require hospital admission and/or surgery,
- +/- Formation of stoma, risk of reaction to medication, risk of missed pathology,
- +/- Damage to teeth and dental work (if Entonox is used)

Any extra procedures which may become necessary during the procedure:

- ✓ Blood transfusion - in the event of bleeding
- ✓ Other procedure - +/- biopsy, +/- medical photography, +/- clip, +/- tattoo, +/- Dye spray, +/- coagulation therapy, +/- lifting solution

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet has been provided:

The procedure will involve:

- general and / or regional anaesthetic local anaesthetic sedation

Signed Date

Name (PRINT) Job Title

Contact details (if patient wishes to discuss options later)

Statement of interpreter

(where appropriate)
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name (PRINT)

Copy accepted by patient: yes / no (please circle)

YELLOW COPY: CASE NOTES **WHITE COPY: PATIENT**

Statement of patient

Patient identification label

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....
.....
.....

Patient's signature Date

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see notes).

Patient's signature Date

Name (PRINT)

Confirmation of consent (To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date

Name (PRINT) Job title

Important notes: (tick if applicable)

- See also advance directive / living will (e.g. Jehovah Witness form)
- Patient has withdrawn consent (ask patient to sign / date here)

Consent – What does this mean?

Before any doctor, nurse or therapist examines or treats you they **must** have your **consent** or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation.

It is important before giving permission that you understand what you are agreeing to. **If you do not understand – ask.** More detailed information is available on request.

Data Protection Legislation – Privacy Notice

Further information on how we look after your personal information can be found on the Trust Information Governance webpage at www.porthosp.nhs.uk - or alternatively, please speak to a member of staff.

How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on **0800 917 6039** or E-mail: PHT.pals@porthosp.nhs.uk who will contact the department concerned on your behalf.

Working together To drive excellence in care for our patients and communities

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Produced: June 2021 Review: June 2023

Ref: End/34

Medical Illustration ref: 21/0015 (previously 14/0883)

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