

E06 Flexible Sigmoidoscopy

Expires end of August 2024

You can get more information locally from the Endoscopy Unit (9am to 5pm) on 0151 604 7095

You can also contact:

You can get more information from www.aboutmyhealth.org

Tell us how useful you found this document at www.patientfeedback.org



Royal College
of Surgeons
of England



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH



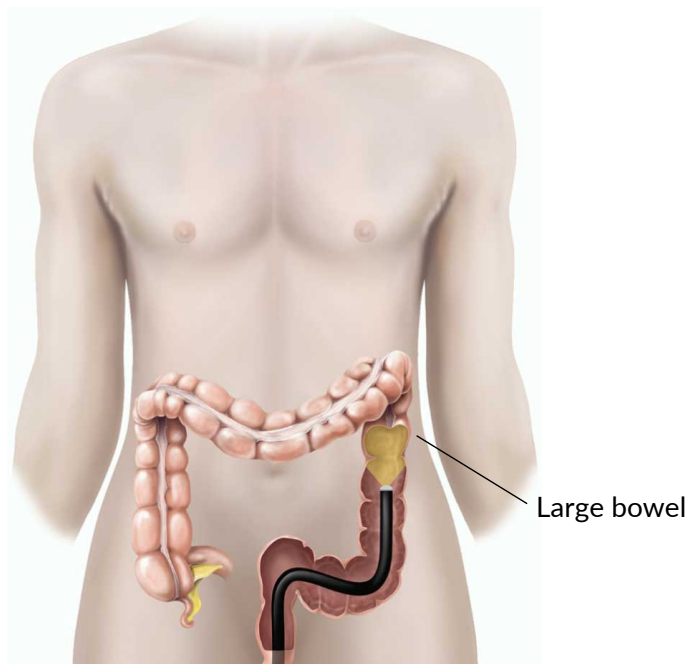
eidohealthcare.com

EIDO
HEALTHCARE

UNITED KINGDOM

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a procedure to look at the inside of the left lower part of your colon (large bowel) using a flexible endoscope (camera).



A flexible sigmoidoscopy

Shared decision making and informed consent

Your healthcare team have suggested a flexible sigmoidoscopy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it. If you have any questions that this document does not answer, it is important to ask your healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind

at any point. You will be asked to confirm your consent on the day of the procedure.

What are the benefits?

A flexible sigmoidoscopy is performed so that your healthcare team can find out why you are experiencing particular symptoms. The results will help them decide what treatment you may need.

Your symptoms may include:

- Bleeding from your back passage.
- Diarrhoea.
- Constipation.
- Unexplained weight loss.

Another reason for a flexible sigmoidoscopy may be because you have an inflammatory bowel disease (ulcerative colitis or Crohn's disease) or polyps. Polyps are extra growths of tissue on the bowel wall that can range in size. They are usually benign (not cancers), but if left can sometimes become cancerous.

If the endoscopist (the person doing the procedure) finds a problem, they can perform biopsies (removing small pieces of tissue) to help make the diagnosis. Sometimes a polyp is found and the endoscopist may be able to remove it during the procedure.

Are there any alternatives?

Your healthcare team have suggested a flexible sigmoidoscopy as it is a good way to help diagnose the cause of your symptoms within the lower part of your large bowel.

A colonoscopy is similar to a flexible sigmoidoscopy but the endoscopist looks all the way round your large bowel during a colonoscopy and it has slightly higher risks. If your endoscopist suggests a colonoscopy instead they will discuss this with you before the procedure.

Other options include a CT colonography (a CT scan of your large bowel). If your doctor finds the cause of your symptoms, you may still need a flexible sigmoidoscopy or colonoscopy to treat it or perform biopsies.

What will happen if I decide not to have the procedure or the procedure is delayed?

Your healthcare team may not be able to confirm what is causing your symptoms, and they may get worse. If they do, you should speak to your healthcare team.

If you decide not to have a flexible sigmoidoscopy, you should discuss this carefully with your healthcare team.

Before the procedure

Medication

If you take warfarin, clopidogrel or other blood-thinning medication or are diabetic, let your healthcare team know at least 10 days before the procedure. If you are diabetic, you will need special advice depending on the treatment you receive for your diabetes.

If you take iron tablets, stop taking them at least 7 days before the procedure.

If you can, stop taking loperamide and codeine for 3 days before the procedure.

Preparation

You will be given an enema (injection of fluids) or bowel preparation medication (strong laxatives) to take before the procedure. This is to make sure your bowel is empty so the endoscopist can have a clear view. Laxatives can make you dehydrated, so drink plenty of fluids before the procedure. If you cannot drink fluids, have severe abdominal pain or continuously vomit, speak to your healthcare team. You may have a higher risk of dehydration or too much fluid if you are already dehydrated, older or are taking large doses of diuretics (water tablets) for heart or kidney disease.

Laxatives can affect how well your body absorbs medication. Do not take medication orally (by mouth) within one hour of taking the laxatives.

If you are unsure of anything, speak to your healthcare team.

When you arrive

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming your name and the procedure you are having with the healthcare team.

What does the procedure involve?

A flexible sigmoidoscopy usually takes 15 to 20 minutes.

A cannula (thin, hollow tube) may be put in your arm or the back of your hand. This allows the endoscopist to give you medication during the procedure.

Some medications that may be used are:

- A sedative that will help you feel comfortable. You will be conscious and able to ask and answer questions, but you will feel relaxed.
- Pain relief that will reduce the chance of you experiencing severe pain or discomfort during the procedure.
- Medication to relax your muscles (Buscopan). This will make the procedure more comfortable. Buscopan can affect the pressure in your eyes so let the healthcare team know if you have glaucoma.

The endoscopist will ask you to lie on your left side to start with. You will be asked to move into different positions, such as lying on your back, to help the colonoscope move into the right position.

The healthcare team will monitor your oxygen levels and heart rate using a finger or ear clip. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

Your endoscopist will put a gloved and lubricated finger into your back passage to check for any problems. They will then place a flexible endoscope into your back passage. Air will be blown into your large bowel to help the endoscopist have a clear view.

The endoscopist will be able to look for what is causing your symptoms, such as inflammation. They may also be able to remove polyps. Most polyps can be removed painlessly and completely during the test. The endoscopist will be able to

perform biopsies and take photographs to help make a diagnosis.

Biopsies are taken using tiny forceps that are passed through the endoscope. You may feel some discomfort during the procedure and your stomach may feel bloated because air is blown into your stomach to help the endoscopist have a clear view.

Photographs and videos may be taken during the procedure. These may help with your treatment and are stored securely by your healthcare team and discussed with other healthcare professionals.

If at any time you want the procedure to stop, raise your hand to let the endoscopist know. They will end the procedure as soon as it is safe to do so.

Can I be sent to sleep for the procedure?

In rare cases the procedure can be performed with you asleep under a general anaesthetic or deep sedation. However, most centres do not offer this. If this is an option for you, the healthcare team will talk to you about this before your procedure date.

General anaesthetic is given through the cannula, or as a mixture of anaesthetic gas that you breathe through a tube that passes into your airways. This means you will be unaware of the procedure.

A general anaesthetic has a higher risk of complications than other forms of medication. The healthcare team can give you more information about these. You may also need to wait longer for your procedure.

Most patients manage well without a general anaesthetic.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your healthcare team may be able to tell you if the risk of a complication is higher or lower for you.

Possible complications of this procedure are shown below from most to least likely to happen. Some can be serious. Rarely, you may need to

come back into hospital for more treatment, including surgery.

You should ask your doctor if there is anything you do not understand.

Complications of a flexible sigmoidoscopy

- Incomplete procedure caused by a technical difficulty, blockage in your large bowel, complications during the procedure, poor view of your large bowel (because it was not emptied properly before the procedure) or discomfort. Your healthcare team may recommend another flexible sigmoidoscopy or a different test such as a CT colonography (bowel scan).
- Breathing difficulties or heart irregularities, as a result of reacting to the sedative or your bowel being stretched. If you choose to have a sedative, your oxygen levels and heart rate are monitored.
- Allergic reaction to the equipment or medication. The healthcare team are trained to detect and treat any reactions that may happen. Let the endoscopist know if you have any allergies or if you have reacted to any medication or tests in the past.
- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is disinfected before the procedure, so the risk is low. Let your healthcare team know if you get a high temperature or feel unwell.
- Missed diagnosis. There is a small chance that large polyps or other problems may be missed during the procedure. The risk is higher if your large bowel is not completely empty, or it cannot keep the air that was blown into it.
- Heavy bleeding if a polyp is removed (risk: 1 in 100). This may be higher if you have multiple or large polyps removed. Bleeding usually stops soon after a polyp is removed. Sometimes bleeding can happen up to 2 weeks after the procedure. If you take blood-thinning medication and have a polyp, the endoscopist will decide whether to remove it during the procedure or ask you to come back another day.

- Making a hole in your large bowel (risk: less than 1 in 1,000). The risk is higher if a polyp is removed, especially if it is a large polyp. This is a serious complication. You may need surgery which can involve forming a stoma (your bowel opening onto your skin).
- Bleeding from a biopsy site or from minor damage caused by the endoscope (risk: less than 1 in 1,000). This usually stops on its own.
- Rarely, a heart attack (where part of the heart muscle dies) or stroke (loss of brain function resulting from an interruption of the blood supply to your brain) can happen if you have serious medical problems.
- Death. This is rare (risk: 1 in 15,000).
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

You should be able to return to work the next day unless you are told otherwise.

Once at home, if you experience pain or symptoms that are causing concern, contact the endoscopy unit or your GP or call 111. If you have serious symptoms, like heavy bleeding from your back passage, call an ambulance or go immediately to your nearest emergency department.

What happens after the procedure?

After the procedure you will be transferred to the recovery area where you can rest.

If you were not given a sedative, you should be able to go home after a member of the healthcare team has spoken to you and decided you are ready. If you were given a sedative, you will usually recover in about an hour, but this depends on how much sedative you were given. You may feel a bit bloated for a few hours, but this will pass.

The healthcare team will tell you the results of the procedure and talk to you about any treatment or follow-up care you may need. Results from biopsies will not be available until a later date so the healthcare team will write to you, call you or ask you to come back to the clinic to give you the results.

Before you leave, you will be given a discharge advice sheet and a copy of your flexible sigmoidoscopy report. The advice sheet will explain who to contact if you have any problems after your procedure. A copy of the report will be sent to your GP and doctor.

If you had sedation:

- If you go home the same day, a responsible adult should take you home in a car or taxi. They should stay with you for at least 24 hours unless your healthcare team tells you otherwise.
- Be near a telephone in case of an emergency.

Summary

A flexible sigmoidoscopy is usually a safe and effective way of finding out if there is a problem with the lower part of your large bowel. However, complications can happen. Being aware of them will help you make an informed decision about surgery. This will also help you and the healthcare team to identify and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewers

Jonathan Lund (DM, FRCS)

National Endoscopy Programme, Wales

Illustrator

Medical Illustration Copyright ©
Medical-Artist.com