

After the Flexible sigmoidoscopy

Once your flexible sigmoidoscopy is completed, if you have received sedation, you will need to rest and recover until fully awake. You will then be transferred back to your cubicle and once you have recovered from the initial effects of the sedation, you will be offered a drink and something to eat. You should not have any pain.

Before you are discharged from the Endoscopy Unit any findings and follow up care will be explained to you and you will receive a follow up appointment for approximately ten days. Sedation may cause memory loss; you may not remember what is said to you, but your findings will be discussed at your follow up appointment or in some cases your consultant will write you a letter. Your GP will be informed of the results. If you require a prescription, this will be organised for you, or you will be asked to attend your GP. Depending on your symptoms and findings, further investigations or repeat endoscopy may be necessary. You can eat and drink normally after your flexible sigmoidoscopy.

On discharge from the Endoscopy Unit

Most people experience no problems following a flexible sigmoidoscopy. You may experience some mild to moderate wind pains and may need to pass wind quite naturally. The feeling will pass and needs no intervention. A little bleeding may occur if polyps have been removed or biopsies taken but this should stop within 24 hours.

In the unlikely event that you should experience severe abdominal pain or excessive bleeding, please contact the Hampshire Clinic, your consultant secretary, your GP or attend the Accident and Emergency Department immediately for assessment. Please inform them that you have had a flexible sigmoidoscopy.

Hampshire Clinic:- 01256 357111

Accident and Emergency, Basingstoke and North Hampshire Hospital:
01256 4732020 ext 4700

Infection Control and prevention

Infections in hospital are worrying to everyone. We need your help to reduce the risk of infection. By working as a team, healthcare workers, patients and visitors can all make a difference. We can reduce the risk. Infection control is important to us all, at home and especially in hospital. We need to be more careful in hospital as patients are vulnerable. They are more vulnerable due to their illness, treatment, age or a combination of factors.

Hand washing

The single most important way of reducing infection is by hand washing. Bacteria and viruses, which cause infections, can be carried by hands and passed person to person or from things to people.

Please clean your hands regularly. It is especially important:-

- After using the toilet or bathroom
- Before eating (both snacks and meals)
- Between entering and leaving any ward or department

You may use soap and water, or if your hands are visibly clean you may use alcohol gel instead. You will find alcohol gel throughout the Hampshire Clinic. Patients should feel they can ask a nurse or doctor if they have cleaned their hands before an examination.

Advice

- If you are unwell, coughing or sneezing, cold or flu like symptoms, please cancel your admission.
- If you have diarrhoea or vomiting three days before admission, please contact the nursing staff.
- Do not walk about in bare feet, wear slippers or shoes.
- Use disposable flannels.
- Use liquid soap.
- Dressings on wounds and drip sites are designed to keep them clean and dry, do not touch them.

Please contact your insurance company with the dates, the expected length of your stay, details of your operation including the specific codes related to this as advised by the secretary. You are advised at all times to contact your insurance company prior to any admission, treatment, investigation or consultation to gain pre-authorisation from the insurance company. Your care and treatment with Basingstoke Colorectal is private and it is the responsibility of the patient to ensure insurance cover is authorised. If you require any assistance with this please contact us.

You will typically receive an appointment card on discharge or in the post for a routine follow up appointment with the consultant for approximately ten days following your procedure.

If you have any queries, please do not hesitate to contact us on the details provided.

ALL CORRESPONDENCE AND APPOINTMENTS

The Hampshire Clinic Basing Road Basingstoke Hampshire RG24 7AL
T: 01256 354747 F: 01256 818005
E: info@basingstokecolorectal.co.uk W: www.basingstokecolorectal.co.uk

FLEXIBLE SIGMOIDOSCOPY

Patient Information Leaflet



FLEXIBLE SIGMOIDOSCOPY

You have been advised by your consultant to have a flexible sigmoidoscopy. The following information will help you make an informed decision in agreeing to the examination. It is important you read the information fully.

The examination you will be having is called a flexible sigmoidoscopy, also known as an endoscopy. This is an examination of the lining of the left side, or lower large bowel (colon) to establish whether there is any disease present. This test also allows us to take tissue samples (biopsy) for analysis, if necessary.

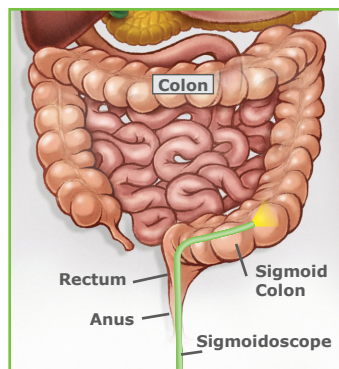
The instrument is called a flexible sigmoidoscopy (endoscope); a flexible tube about the thickness of your index finger. The endoscope has a light and a camera on the end. The camera sends out pictures of the lining of your large bowel to a screen where the consultant is able to look at them.

A flexible sigmoidoscopy may be advised for several reasons including:-

- Abdominal pain
- Bleeding from the back passage
- To find out more about an abnormality seen on x-ray
- Assessing some inflammatory bowel conditions
- Polyps
- Treatment of piles (haemorrhoids)

This examination may help your consultant to find the cause of your symptoms. The results will help to decide on the best treatment for the problem or whether further tests or examinations are needed.

Flexible sigmoidoscopy is commonly performed and generally a safe procedure. For most people, the benefits in terms of having a clear diagnosis are much greater than the disadvantages. However, there is some element of risk and it is important that you know these before you decide to go ahead with the test.



These include:-

- There is a risk that small abnormalities may be missed, although this is very unlikely.
- Bleeding may occur at the site of biopsy or polyp removal, if this is required, and invariably stops on its own. Very rarely this could result in you being admitted to hospital.
- Sedation itself can occasionally cause problems with breathing, heart rate and blood pressure, but this often lasts for only a short time. Careful monitoring by our fully trained nursing staff ensures that any potential problems can be identified and treated rapidly. Older patients and those with major health problems (such as significant breathing difficulties) may be at higher risk.
- A tear or perforation in the lining of the bowel. Globally, overall, this happens in approximately 1 in 1,000 patients although, the risk is higher following biopsy or polyp removal (approximately 1 in 500). If this happens, some cases may be treated with antibiotics and intravenous fluids, others may require surgery to repair the perforation.

In some cases, depending on symptoms present and the condition being investigated, there may be alternatives to having a flexible sigmoidoscopy. These may include:

- A CT scan, with or without bowel preparation, also called a 'virtual colonoscopy' or 'CT colonography'
- A barium enema

These are not always as informative and have the added disadvantage that tissue samples cannot be taken. The alternatives will have to be discussed with your consultant who has recommended the investigations.

Following Consultation

Following your consultation, the secretary will organise a date for you to be admitted as a day case to the Endoscopy Unit at the Hampshire Clinic for your flexible sigmoidoscopy. Most people remain fully awake while they have this procedure, but some may choose to have sedation to make them more drowsy. These are given via a needle in your hand or arm and will make you drowsy and relaxed, but is not a general anaesthetic. You may be able to hear clearly and follow simple instructions during the procedure. You may not remember much about the procedure, however, people often respond differently to the sedation; some are very drowsy and remember little of the whole event whilst others remain more alert. You are not able to drive or operate heavy machinery for 24 hours following the sedation. You will be required to have a responsible adult escort you home and remain with you for the rest of the day and night. You are advised not to drink alcohol for 24 hours following sedation, to be totally responsible for young children or to sign legal documents.

On admission the nurses will admit you and you will be provided with a gown to change into. Prior to the procedure, a nurse will administer an enema to empty the lower part of the bowel. This will allow a clear view of the bowel lining during the procedure.

The Endoscopy Unit is situated at the top of the main car park at the Hampshire Clinic which has signage at the Main Entrance and has drop off parking bays to enable easy access directly to the Unit as your driver is unable to stay. On admission to the Endoscopy Unit you will be admitted by the Reception Staff and escorted to a cubicle.

The Examination

Prior to your flexible sigmoidoscopy you will have the opportunity to ask your consultant further questions.

You will be asked to lie on your left side with your knees bent. The Endoscopy nurse will stay with you and monitor your blood pressure and oxygen levels throughout the test. If you receive sedation, you will be given some intravenous pain relief (usually Pethidine) and sedation (Midazolam) through the small needle in your hand or arm. The consultant will usually perform a brief internal examination with a gloved finger before inserting the flexible tube into your back passage (anus). The tube has to be carefully manoeuvred around the lower large bowel. There are some naturally occurring bends and negotiating these may be regrettably, uncomfortable at times.

You may need to change position to allow the tube to move around the bowel. Air is passed via the tube into the bowel to help see the lining. This may make you feel bloated and cause some mild wind pains. You may feel as though you want to go to the toilet and you will need to pass wind. This is normal and there is no need to feel embarrassed.

If necessary, small tissue samples called biopsies may be taken painlessly and sent to the laboratory for examination. A polyp is an abnormal projection of tissue on the lining of the bowel (like a skin tag). Some polyps are attached to the intestinal wall by a stalk and look like a mushroom, whereas others are flat without a stalk. If a polyp is found, or you are already known to have polyps, it is usually removed by the consultant at flexible sigmoidoscopy, depending on its size and location as it may grow and cause problems later. Alternatively, the consultant may take some samples for further investigation. Polypectomy involves using a high frequency electric current to remove or destroy the polyp. This is all done via the endoscope and you will be unaware of it. If polyps are detected on flexible sigmoidoscopy, your consultant may decide to arrange for a colonoscopy to exclude polyps in the right side of the colon.

The examination normally takes approximately 15 minutes, sometimes longer, depending on any treatment required. At the end of the procedure, the endoscope is gently removed along with as much air as possible. Minor side effects such as retained wind and stomach soreness are quite common and will settle after a few hours. Please be aware that small internal photographs may be taken during the examination and retained in your notes for future information. It may be that your consultant, at the time of your procedure, may elect to treat piles (haemorrhoids) if they are present and causing symptoms. This will be discussed with you prior to your endoscopy. It is straightforward to treat haemorrhoids at the time of the procedure with banding and/or injection. At the end of the procedure, tiny rubber bands are placed over the haemorrhoids, cutting off the blood supply. The haemorrhoids and bands will then fall off in a few days and the wounds usually heal within a couple of weeks. The procedure sometimes produces mild discomfort and bleeding and may need to be repeated for a full effect. Injection can also be used to help shrivel the haemorrhoids.