

Information for patients and carers

# Flexible Sigmoidoscopy



London  
Gastroenterology  
Centre

# Your appointment

Remember  
to contact your  
insurance  
company

Name:

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Date:

---

Time:

---

Location:

---

## **You must contact your insurance company**

Please ensure that your insurance company authorises the test BEFORE you arrive at the hospital. Please contact us and advise us of the pre-authorisation code.

## **The code for Sigmoidoscopy is H2502**

### **For further information please contact us**

+44 (0)20 7183 7965

[info@gastrolondon.co.uk](mailto:info@gastrolondon.co.uk)

[www.gastrolondon.co.uk](http://www.gastrolondon.co.uk)



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# What is a flexible sigmoidoscopy?

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A flexible sigmoidoscopy is a test to examine the inner lining of the last part of your large bowel or colon. Unlike a full colonoscopy, which examines the entire large bowel, this test only examines the rectum and sigmoid colon (the left side of the colon).

In the examination room you will be made comfortable on a couch, lying on your side. A nurse will stay with you throughout the test. The test is usually done without sedation as it is quick and not particularly uncomfortable. If you want, you can ask the doctor to give you a sedative injection to make you sleepy and relaxed.

The doctor will gently insert a flexible tube with a camera on the end (called a sigmoidoscope) through your anus (back passage) into your large bowel. The bowel

will be gently inflated by passing air through it to give a clearer view of the bowel lining and the doctor will check whether any disease is present. When the test is finished, the sigmoidoscope is removed quickly and easily. The test takes approximately 10 minutes. You will, however, be in the hospital for a total of 2-3 hours.

# Preparing for the test

## Diabetic Patients

You must  
not eat for  
**4 hrs**  
before the  
tests

You will be  
in the  
hospital for a  
total of around  
**3 hrs**

### For patients taking insulin:

#### For a procedure taking place in the morning:

On the **evening before**, take  
your normal insulin dose.

On the **morning** of the  
procedure, take your normal  
dose *after* the procedure is  
finished.

#### For a procedure taking place in the afternoon or evening:

On the **morning** before the  
procedure, take half the  
normal dose of insulin.

Take your normal dose of  
insulin when you eat after  
the procedure is finished.

### For patients taking tablets:

#### For a procedure taking place in the morning:

On the **evening before**, take  
your normal tablets.

On the **morning** of the  
procedure, take your normal  
tablets *after* the procedure is  
finished.

#### For a procedure taking place in the afternoon or evening:

On the **morning** before the  
procedure, take half the  
normal dose of tablets.

Take your normal dose of  
tablets when you eat after  
the procedure is finished.

# Preparing for the tests

## 7 days before the procedure

If you are taking **clopidogrel (Plavix)** for a coronary artery stent, you must only stop this after discussion with the doctor. Other patients taking clopidogrel should usually stop this 7 days before the procedure. If you are unsure whether you should stop this drug you must ask us.

We usually ask patients to stop taking **warfarin** for 7 days before the procedure also. If you have had a heart valve replacement, you must not stop your warfarin but you must let us know. You may require a special drug regime.

You should follow any specific advice you have been given with regard to your regular medications. Other medications you may have been asked to discontinue include **diuretics** and **non-steroidal anti-inflammatory drugs**.

## The day of the procedure

### **Morning procedure:**

Blood pressure medicines should be taken no later than 2 hours before the test is due with a small amount of water.

For all medicines you have not stopped, except for blood pressure medicines, please take these only **AFTER** the test.

### **Afternoon / evening procedure:**

For medicines you have not stopped, please take the morning dose normally. Please take lunchtime or evening doses only **AFTER** the test.

## What happens when at the hospital?

**You should not eat any solid food for 6 hours before the sigmoidoscopy. You can continue to drink clear fluids until 4 hours before your sigmoidoscopy.**

**Please continue to take all medication as normal including the day of the procedures unless you have been advised otherwise.**

Please go to the endoscopy unit. You will be shown to your cubicle where you will meet the nurse who will look after you during your stay. She will also verify your personal details and preferred method of payment.

The staff will want you to be as relaxed and informed as possible for the test and will be happy to answer your queries.

The nurse will administer an **enema**. This is a liquid which is gently put into your rectum to make you go to the toilet. This will clean any stool you have in the lower part of colon and make it possible for the doctor to see inside.

**The procedure will happen about 45 minutes after you arrive.**

**Your doctor will explain the test to you and will ask you to sign a consent form. This is to signify that you understand the test and its implications.**

Please tell the consultant or nurse if you have had any allergies or bad reactions to drugs or other tests.



## During the tests

When you go into the endoscopy room you will be asked to remove any false teeth and lie on your left side on a trolley.

You will have some equipment attached to you so we can monitor your blood pressure and your oxygen levels. You will also have a small amount of oxygen during the procedure.

Most people prefer to be sedated (sleepy) for the tests. The doctor will administer the medication (painkillers and sedation) via a small plastic tube placed in the back of your hand or arm.

The doctor will then start the procedure by gently passing the sigmoidoscope through your back passage (anus) and into the large bowel (colon). The flexible sigmoidoscopy usually takes around 10 minutes.

Sometimes the doctor takes a biopsy (a sample of the bowel lining). A small piece of tissue is removed painlessly through the sigmoidoscope, using tiny forceps. This is then sent to the laboratory for further tests.

## Does it hurt?

It should not be painful but you may experience a windy sensation in your tummy and a fullness as if you need to go to pass wind or go to the toilet. This is quite normal, even though the bowel is empty. If this happens, allow yourself to pass any wind.



## What happens after my procedures?

After the procedures, you will return to your cubicle. You will stay there for approximately one hour so the effects of the sedation can wear off. Your blood pressure and oxygen levels will be monitored during this time.

You will also be offered a drink and some biscuits. You may bring your own food if you prefer. If you do not have sedation you will not need to stay in recovery for as long.

One of the doctors or nurses will come to explain the results of your sigmoidoscopy. You should expect to stay in the hospital for a total of 2-3 hours.

## What happens when I go home?

If you have had sedation, do not use public transport, particularly if you will need to stand on the train or bus.

- **DO NOT** drive yourself. Please have someone to take you home in a car or taxi
- **DO NOT** drink alcohol for 24 hours after sedation is given
- **DO NOT** drive a car or operate heavy machinery for 24 hours after sedation is given

Once you get home you may eat and drink as normal. You may find that you feel a bit full up or bloated. This is because of the air in your bowel. This feeling usually only lasts for a few hours .  
**Peppermint or chamomile tea** helps release the trapped wind.

## What are the risks?

Delays can occur. Please bring a book to read just in case!

Sigmoidoscopy is a common test with very few side effects or complications. However you should be aware of the following potential complications:

Overall, the risk of a perforation (a hole in the lining of the bowel) or bleeding (haemorrhage) is about 1 in 15,000. If a polyp is found and removed, the risk of perforation rises to 1 in 600 but the risk of bleeding rises to 1 in 50 to 1 in 100 procedures. This is usually mild, however, and can be stopped in most cases during the endoscopy.

If a bowel perforation was suspected, you would probably have a scan to check the bowel and if necessary an operation to seal the perforation, sometimes with a temporary stoma.

Sedation causes breathing problems in about 1 in 200 cases although these are usually mild (British Society of Gastroenterology). You will be monitored throughout the procedure and the sedation can be reversed if necessary.

Sometimes the doctor is unable to complete the entire test. It is possible to miss abnormalities during the test.

## Delays

Sometimes due to emergencies and other unforeseen circumstances your appointment may be delayed. We try our best to see everyone on time but please understand that delays can occur and we ask for your patience in these circumstances. Please bring a good book with you!

## What are the alternatives?

Older tests such as **barium enema** are no longer used routinely.

**CT pneumocolon:** This test involves taking bowel preparation medicines on the days before the test. On the day of the test, air is pumped into the bowel through a tube which is inserted into the back passage and a CT scan is performed. This test is less invasive than sigmoidoscopy but it involves X-rays and the doctor cannot take biopsy samples or remove small polyps.

**CT with faecal tagging** is similar to CT pneumocolon but does not involve formal bowel preparation. It is best reserved for elderly or infirm patients who would find sigmoidoscopy or CT pneumocolon difficult to tolerate.

## In an emergency...

**MRI pneumocolon** avoids the need for X-rays and is thought to give similar quality pictures as CT pneumocolon. It is, however, a new test and we are not yet entirely certain of its overall accuracy.

## In an Emergency

If you have any problems after the procedure such as:

**Bleeding**  
**Black Tarry Stools or**  
**Excessive Abdominal Pain**

please call the hospital endoscopy department directly during office hours for advice.

Out of hours, please contact the hospital switchboard and ask them to contact the consultant who has been treating you.

# Private Appointments

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Gastroenterology Centre  
Princess Grace Hospital  
41 Welbeck Street  
London W1G 8DW

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# Endoscopy Units

The London Clinic  
149 Harley Street  
London W1G 6DE

Princess Grace Hospital  
42-52 Nottingham Place,  
London W1U 5NY

Wellington Hospital  
Wellington Place,  
London NW8 9LE

King Edward VII's Hospital  
5-10 Beaumont Street  
Marylebone  
London W1G 6AA