

Flexible Sigmoidoscopy

An examination of the left side of the large intestine (bowel) - Enema

The purpose of this information sheet is to explain your forthcoming procedure. You have been advised to have a lower gastrointestinal endoscopy to help find the cause of your symptoms. The procedure is called a **flexible sigmoidoscopy**. This information sheet covers frequently asked questions.

What is a flexible sigmoidoscopy?

A sigmoidoscopy is a procedure which allows the endoscopist to look directly at the left-hand side of the large bowel (sigmoid colon) with a flexible video endoscope. The scope is passed through the back passage (anus) into the large bowel and manoeuvred along the left side of the colon. This provides a clear view of the lining of that part of the bowel, allowing the endoscopist to make a diagnosis. Tissue biopsies may be taken during the procedure and it is also possible to remove polyps. Polyps are abnormal growths of tissue rather like warts. Some types of polyps can become cancerous if left and are best removed.

Preparation

To allow a clear view, the lower part of your colon must be empty of faeces (poo). You will therefore be given an enema after your arrival at the Endoscopy Unit. Please arrive 30 minutes before your appointment time so that this may be administered in good time for your procedure.

- Please let the unit know before the procedure if there is a risk you could be **pregnant** or **breastfeeding**.
- On the day of your procedure, continue to take your usual medications unless you have been advised to stop.
- There are no dietary restrictions prior to a flexible sigmoidoscopy.
- Patients on **anticoagulant medication** (warfarin, rivaroxaban, apixaban, clopidogrel, or any other medicine to thin your blood) and have not been advised to stop, please contact the nurses' enquiry line - see the 'useful contacts' at the end of this information sheet.
- If you have a **pacemaker**, please call the nurses' enquiry line. Please have the details and serial number of your pacemaker available. This information will be on your pacemaker card.
- If you have a **phosphate allergy** you will not be suitable for an enema, please call the nurses' enquiry line.
- If you have diabetes, continue your meals and your usual medication. There are no fasting requirements as you are having an enema.

What will you need to bring with you on the day?

Please bring the following with you:

- Any inhalers and medication needed, and a list of current medication.
- The completed medical questionnaire on pages 4 and 5.
- Please do not bring any valuables with you, apart from your mobile phone if you wish to.
- If you have an exemption certificate, please bring it with you in case you are prescribed medication.
- You can bring a book or magazine as you could be in the unit for a while.
- Please check with your nurse on arrival for an estimated time for your friend/relative to collect you.
- The waiting areas in the Endoscopy Centre are mixed sex facilities. However, when patients are required to undress, same sex facilities are provided to maintain your privacy and dignity.
- Please wear loose fitting clothing and bring a dressing gown, slippers and toiletries with you.
- Please do not wear nail varnish or false nails on your fingers as it can interfere with our monitoring.

Admission to the Endoscopy Unit

On arrival to the department you will be asked to wait in the waiting area. If a relative has come with you, they may go home and be contacted when you are ready for discharge or may wait in the department. The time of your admission may not be the time you will have your procedure, please be prepared to stay for 3-4 hours.

A nurse will escort you to an admitting room to record all relevant details and answer any questions. You will be asked to sign a consent form if you have not already done so. This form is a legal document confirming your agreement to the procedure, together with the benefits, risks, complications and alternatives. You will then be shown to a same sex changing area to undress. A hospital gown and disposable shorts will be provided for you to wear. Please bring a dressing gown, slippers and toiletries with you.

If you have opted for a sedative, a small needle (cannula) will be inserted into your vein. Your nurse will then administer the enema in a private area near to a toilet. You will need to hold the contents in for 5 minutes before opening your bowels. Your nurse will take you into the procedure room on a trolley once you are ready.

What happens during the procedure?

Your nurse will escort you to the procedure room and stay with you throughout the examination. You will be introduced to the endoscopist and another assisting nurse. During the procedure you will lie on your left side with your knees slightly bent. If you would like to have a sedative, this will be administered along with supplementary oxygen. If you do not wish to have a sedative, or if you have to drive yourself home, you will be offered Entonox (gas and air) which you control yourself by breathing it in. Pain relief (medication or Entonox) is offered because the procedure can be uncomfortable, causing cramp like abdominal pain. You can read more about sedation and Entonox on page 3.

The endoscopist will examine your back passage with a finger, then the colonoscope is gently inserted through the back passage and the bowel inflated with carbon dioxide or air. This may give you some discomfort. You may also get the sensation of wanting to go the toilet, but as the bowel is empty there is no danger of this happening. A suction channel in the instrument can remove any fluid left in the bowel, so don't worry. You may pass some wind and, although this may be embarrassing, the staff do understand it is the air the endoscopist is putting in.

After the procedure and discharge

- Once the procedure is finished you will be taken to a recovery area where you will be offered something to eat and drink.
- **Due to the effects of the drugs, if you have sedation, a responsible adult will need to collect you from inside the Endoscopy Unit and remain with you for the rest of the day. You will not be able to drive independently or use public transport for your journey home.**
- In some patients the sedation may make them forget the procedure.
- If you have only used the Entonox, you may travel home independently by car or public transport. Your activities will not be restricted.

What are the possible risks with the procedure?

- A risk of bleeding.
- A very small risk of perforation.
- Adverse reaction to the medication given.
- Small risk of missing anything abnormal.
- Complications of the above.

What are the benefits of having the procedure?

- No exposure to radiation.
- Direct visualisation of bowel wall.
- An opportunity to take biopsies.

Entonox gas or sedation?

Entonox

We would like to offer our patients the opportunity to use Entonox gas during their procedure due to the analgesic effect obtained. Entonox gas has been used in obstetrics since 1961 and then by the ambulance service since 1970 as an effective form of pain control.

The benefits of Entonox gas are:

- Rapid onset of pain relief - within 1-2 minutes.
- Minimal side effects - no serious adverse effects being reported.
- Ease of administration - you can self-administer under our supervision.
- Short duration - effects disappear rapidly once Entonox is withdrawn and you may drive home.

Sedative and painkiller

A sedative and painkiller may be worth considering if you are anxious about the procedure, the admission nurse will help you come to a decision. It will be administered through the line that you will already have had inserted in your arm/hand. It may have an amnesic effect (give you short term memory loss) but it will not 'knock you out' as the endoscopist may require you to change position to help the camera round.

If you choose to have this, it is **ESSENTIAL** that you organise for someone to pick you up and stay with you for the rest of the day. **You cannot drive for 24hrs** as insurance may be invalid.

Also, following sedation **you should not:**

- drink alcohol for 24 hours.
- operate machinery for 24 hours.
- return to work for 24 hours.
- sign important documents.

Medical questionnaire

The next section is for you to complete prior to arriving at the Endoscopy and Day Surgery Unit.

Please bring this with you on the day of the procedure.

It is important that you fill it in accurately so that the nursing staff can provide you with the best care possible. If you have any concerns or questions, please call the nurses' enquiry line - see the 'useful contacts' at the end of this information sheet.

<u>HEART</u>	Yes	No
Heart disease		
Valve surgery, angina, heart attack		
When did you last have chest pain.....		
High blood pressure		
Rheumatic Fever		
Stroke		
Circulation (e.g.) thrombosis)		
Other		
Did any of above require anticoagulants		
Nursing notes		

<u>LUNG</u>	Yes	No
Lung Condition (e.g. emphysema, asthma)		
Coughing up blood		
Other		
Nursing notes		

<u>LIVER/KIDNEY/URINARY TRACT</u>	Yes	No
Liver Condition (e.g. jaundice, cirrhosis)		
Kidney (e.g. kidney stones, infection)		
Urinary Tract (e.g. infection, blood in urine)		
Nursing notes		

<u>INFECTIOUS DISEASES</u>	Yes	No
TB		
Hepatitis (B or C)		
HIV/AIDS		
MRSA/ Other		
Have you ever been notified that you are at risk of CJD or vCJD for public health service		

<u>GASTROINTESTINAL TRACT</u>	Yes	No
Stomach (e.g. ulcers, hiatus hernia)		
Bowel (irritable bowel, polyps, cancer)		
Nursing notes		

<u>OTHER CONDITIONS</u>	Yes	No
Diabetes		
Epilepsy		
Anaemia		
Glaucoma		
Addison's disease		
Nursing notes		

<u>OTHER DETAILS</u>	Yes	No
Dentures		
Hearing Aid		
Glasses/contact lenses		
Body piercing		
Metal joints or any bones pinned		
Are you sensitive/allergic to anything? (e.g. antibiotics/latex/foods/adhesive etc)		
Nursing notes		

<u>LIFESTYLE</u>	Yes	No
Do you smoke		
Do you take any illegal substances?		
Do you drink alcohol (If yes – how many units/week – 21 male/ 14 female)		
Nursing notes		

Nursing notes

Have you had any operations? Please give details:

Name of medicine	Dosage (amount)	Number of times taken per day

- Endoscopist has been informed of relevant conditions and medication Yes / No
- Transferred to care plan Yes / No

Next of kin name and address:

Telephone details:

Valuables disclaimer

You are advised not to bring valuables into the hospital. We cannot accept responsibility for lost items.

Patient signature Print Date.....

Primary nurse signature Print Date.....

Please tick the checklist below to ensure you have read all the information and are ready for your procedure:

I have read this patient information sheet

☐

I have understood the information provided

☐

I have completed the medical questionnaire on pages 4 and 5

☐

I have read the consent form (if given/sent one)

☐

I have arranged transport (if having sedation)

☐

I have contacted the diabetes nurse (if required)

☐

I have contacted the anticoagulant clinic (if required)

☐

I have contacted the nurses with any queries

☐

If you are unsure about anything, please contact us.

Your procedure could be cancelled if you have not followed the instructions properly.

Additional information

To view the Lister and New QEII site maps for navigating your way around our hospitals, please visit our Trust website - www.enherts-tr.nhs.uk

Useful contact details

East and North Hertfordshire NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Endoscopy Unit - Lister and New QEII:

- Lister: Telephone 01438 288603 - Option 1
- New QEII: Telephone 01707 247728

Anticoagulation Clinic:

- Lister: Telephone 01438 285335
- New QEII: Telephone 01707 224032

Nurses' Enquiry Line:

- Telephone 01438 288603 (please ring between 8am - 10am and 4pm - 6pm) - Option 2

Diabetic Specialist Nurses:

- Telephone 01438 284560
- Telephone 01438 284645
- Telephone 01438 284615

This is not an emergency service. Messages left on the answerphone may not be answered for 24-48hrs.



Leaflet information

You can request this information in a different format or another language; please speak to your doctor or nurse.

Date of publication: May 2015

Version number: 7

Author Endoscopy Team

Reference: Endoscopy (ENH00491)

Review Date: October 2027

© East and North Hertfordshire NHS Trust
www.enherts-tr.nhs.uk