



Having a flexible sigmoidoscopy

A guide for patients and their carers



Your information checklist: flexible sigmoidoscopy

It is very important that you read this booklet. If you need further information please do not hesitate to contact the department – you will find a phone number at the end of this booklet.

Please tick the following and sign below:

I have read this booklet Yes No

I understand the information it contains Yes No

I am aware that biopsies may be taken or polyps may be removed during this test Yes No

I am aware of the risk of bleeding and/or perforation Yes No

I am aware that I will have the opportunity to ask further questions when I attend for my appointment.

Signed

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Welcome to the integrated procedures unit

Your doctor or nurse practitioner has recommended that you have a flexible sigmoidoscopy. This is a procedure to look at the lining of your lower bowel.

We want to make you as comfortable as possible during your stay. This booklet answers commonly asked questions about flexible sigmoidoscopy. If you have more questions, or if there is anything that you do not understand, please ask when you attend for the flexible sigmoidoscopy or phone **0161 918 2420**.

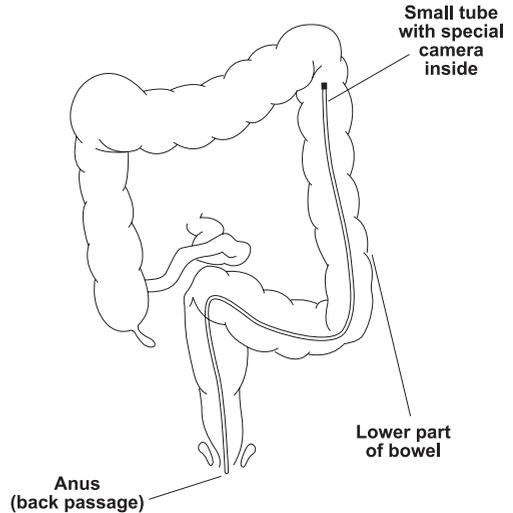
When you arrive at The Christie, please report to the integrated procedures unit (IPU), department 2.

Your stay in the hospital will usually be for a few hours unless you have an injection to sedate you (make you sleepy). Sometimes you may need to stay longer if the department is very busy, so it is better for you to put aside a whole day.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a procedure carried out by a doctor or nurse practitioner, to look at the lining of the rectum (back passage) and the colon (the lowest part of the large bowel). The bowel is a large tube

with bends in it. A small flexible tube, about as thick as your finger (flexible sigmoidoscope), will be passed into your back passage to look at the lower part of the bowel. Some air will be put into your bowel during the examination, to make it easier to see the lining.



What is the benefit of a flexible sigmoidoscopy?

The main benefit of a flexible sigmoidoscopy is that it is a simple, quick test which is helpful in reaching a diagnosis, and can also sometimes be used as a way of delivering treatment.

Why do I need a flexible sigmoidoscopy?

The doctor or nurse practitioner may take biopsies (samples) during the procedure to obtain exact information about

any abnormalities seen. Small lesions or polyps can be completely removed, and if you have haemorrhoids (piles) these can often be treated at the same time.

Are there any alternatives to a flexible sigmoidoscopy?

There are no real alternatives to this test, but if you have any concerns please contact the integrated procedures unit on **0161 918 2420**.

What happens if I decide not to have a flexible sigmoidoscopy?

The symptoms may persist, and it may be hard to reach a diagnosis.

Is a flexible sigmoidoscopy test safe?

Flexible sigmoidoscopy and biopsy is a safe procedure, but there is a very small chance (less than 1 in 1,000) of damaging (perforating) the bowel during the test.

Some bleeding may occur afterwards if you have had a biopsy (tiny sample) of the bowel lining taken, or if you have had haemorrhoids treated during the test.

Although complications of flexible sigmoidoscopy and biopsy are rare, contact us (see below) if you notice any of these symptoms in the 48 hours after the test:

- severe abdominal or rectal pains
- bleeding from the back passage that is persistent or severe including blood clots
- high temperature

Contact

- the integrated procedures unit (department 2) on **0161 918 2420**
- out of hours (7.30pm to 7.30am) – ring the surgical oncology unit on **0161 446 3860**

Should I take my usual tablets or medicines?

Take your prescribed tablets as usual but:

- stop taking iron tablets 7 days before your test
- **if you take Warfarin, Clopidogrel or any other medication to thin your blood, please let your doctor or nurse know as soon as possible. Please phone 0161 918 2420**

Please let us know if you have any of the following as we may need to make special arrangements:

- diabetes
- glaucoma
- had a heart attack in the last six months
- waiting for heart surgery
- waiting for coronary angioplasty
- a pacemaker
- any allergies
- ever had a reaction to an anaesthetic or medication

Will I feel anything during the flexible sigmoidoscopy?

The test only takes about 15 minutes and is not particularly painful. Most people prefer to be awake for this test. If you do not have an injection to sedate you, you will be able to go home straight away. You may feel some bloating or stomach

cramps because of the air that is put into your bowel. This will go when the air is let out after your examination.

If you are nervous, you will be able to have an injection that will sedate you. Please bring a list of any medicines that you take, because it may not be advisable to give sedation with certain medications. If you wish to have sedation, the doctor or nurse will talk to you about this in the surgical day case unit and discuss whether sedation will be suitable for you or not. Sedation can sometimes stop you remembering the test itself and you will need to stay in the department for longer until you are awake. When you have sedation you must have a responsible adult to accompany you home after the test and stay with you for 24 hours after the test.

Is there any preparation for the flexible sigmoidoscopy?

Your bowel needs to be empty for the test. It is important that your bowel is empty so that we can get a clear view of the lining of your bowel wall. You can have an enema at home (on the day of the test) or the staff will give you an enema when you arrive on the surgical day case unit. You may have a light breakfast. After your enema you can have drinks but do not have anything to eat. Do not drink any alcohol on the day before the test.

What happens during the flexible sigmoidoscopy?

The enema

A very small tube is placed into your rectum (back passage) and some liquid is squeezed into it. You should try and hold on to this liquid for a little while and then empty your bowel before the test. This gives a much clearer view and will make you feel more comfortable.

The test

- The doctor or nurse practitioner will explain the test and answer any questions.
- Please remind them if you are allergic to anything that you know of.
- We will ask you to sign a consent form.
- The nurse will ask you to put on a gown and to lie in a comfortable position on your left hand side.
- If you are having an injection, the doctor will give it to you now into a vein in your hand or arm.
- The doctor or nurse practitioner will pass an endoscope (small camera) into your back passage and air will be put gently into your bowel.
- You may feel that you want to go to the toilet, but because the bowel is empty there is no danger of this happening. This is normal and will pass quickly, as will the feeling of bloating. You may pass small amounts of wind. Don't be embarrassed this is quite common.

The test usually takes about 15 minutes.

The doctor or nurse practitioner will be looking for any signs of cancer or any area that looks different from the rest of the bowel. If any areas are found, he/she will take a biopsy (tiny piece) of the lining of the bowel to examine under a microscope. This is not painful.

Sometimes polyps are found. These are small growths that develop from the lining of the bowel. There are different types of polyps. Some need to be removed because if they are left, they may cause problems later. It is usually possible to do this at the same time as your test. The doctor or nurse practitioner may also treat any haemorrhoids either by placing small rubber bands on the haemorrhoids inside your rectum or occasionally injecting the haemorrhoids (piles).

The bands will stop the blood supply to these haemorrhoids and the tissue will wither and fall off. This is not particularly painful, but you may feel some discomfort for 24 hours and you may get some mild bleeding for a few days.

What happens after the flexible sigmoidoscopy?

- The nursing staff will monitor you for a short time. If you have had no sedation you can go home when you are ready.
- If you have had sedation, you will be monitored for at least one hour until you are fully awake. You can then go home with a responsible adult in a car or taxi.
- The nursing staff will tell you when you can eat and drink.
- If you need any follow up, we will send you an appointment through the post.

The doctor or nurse practitioner will talk to you about the examination and about any biopsies that may have been taken, when the results will be ready, and what will happen next.

When you go home

When you have had sedation you must not:

- travel home on public transport
- drive or operate machinery for 24 hours after the test
- be left alone to care for small children for 24 hours after the test
- sign legal documents for 24 hours
- drink alcohol for 24 hours
- return to work for 24 hours after the test. Most people return to work and normal activities the next day.

Contacting The Christie

If you need any more information, or you are worried about any part of your care, please do not hesitate to contact us:

- the integrated procedures unit (department 2) on **0161 918 2420**
- out of hours (7.30pm to 7.30am) – ring the surgical oncology unit on **0161 446 3860**

We will do our best to make your visit as comfortable and stress free as possible. If you need more information or have suggestions about the care you have received, please call us on **0161 918 2420**.

Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way.

We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

Christie website

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

Contact The Christie Hotline for
urgent support and specialist advice

The Christie Hotline: 0161 446 3658

Open 24 hours a day, 7 days a week

Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check
before making a special journey.

The Christie NHS Foundation Trust

Wilmslow Road
Manchester M20 4BX

0161 446 3000

www.christie.nhs.uk

The Christie Patient Information Service
May 2017 – Review May 2020

