NHS
Calderdale and Huddersfield
NHS Foundation Trust

Endoscopy Unit

Flexible Sigmoidoscopy

Please read, contains important information about your procedure and fasting

Your doctor has advised you to have a special camera test to help find the cause of your symptoms. The test is called a Flexible Sigmoidoscopy. This leaflet has been designed to tell you how to prepare for the examination and also to answer some commonly asked questions, if you have any concerns please contact the Endoscopy Unit.

Huddersfield Royal Infirmary	01484 342000	Endoscopy Unit direct line	01484 355868
Calderdale Royal Hospital	01422 357171	Endoscopy Unit direct line	01422 223920

Please inform the unit if you are unable to keep your appointment as it may be given to someone else.

The Endoscopy Unit deals with out-patients and in-patients including emergencies from wards and other departments.

The appointment time you are given for the day of your procedure is the time we would like you to arrive at the Endoscopy Unit and not the time you should expect to have your procedure performed. If your procedure is before midday, you may be in the Unit all morning. If your appointment is after midday, you may be in the Unit all afternoon.

If a relative or friend is collecting you after the procedure, it is advisable that you provide the nurse with their contact telephone number so that we can call them when you are nearly ready to leave the Unit; this will prevent them waiting for a long period of time. The Endoscopy waiting rooms, particularly at Calderdale, have limited seating room; if your relative or friend wishes to remain in the hospital until you are ready to go home please ask them to wait in another area such as the cafeteria so that patients have access to the seats.

The hospital has a training commitment and the Endoscopy Units are training units. Your procedure may be performed by a trainee endoscopist who will be supervised by an experienced endoscopist. If you do not wish to have your procedure performed by a trainee, then please let the nurse who is checking you in know on the day you come for your procedure.

What is a Flexible Sigmoidoscopy?

A Flexible Sigmoidoscopy is a test which allows the Endoscopist (a doctor or a specialist nurse who performs these procedures) to look directly at the lining of the left side of the large bowel (colon). A long flexible tube about the width of your finger is inserted into the back passage (anus). The tube is passed around the left side of the colon and pictures are displayed on a television screen allowing the Endoscopist to detect any abnormal areas. The test takes approximately 15 minutes to complete but can take a little less and in some cases longer than this. You should expect to be in the unit all morning if your appointment is before midday and all afternoon if your appointment is after midday.

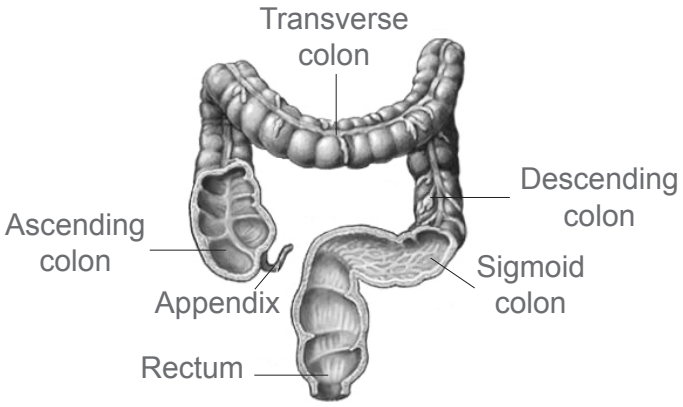
compassionate care

Other procedures that may be necessary during the procedure

Biopsy - Tissue samples can be taken and sent to the laboratory for analysis. You will not usually feel any pain when this is done.

Polypectomy - polyps (abnormal growths) can also be removed during Flexible Sigmoidoscopy and sent for analysis. This is done by tightening a thin wire around the polyp to cut it away, sometimes diathermy (use of an electric current) is used to do this. You will not usually feel pain when this is done.

Endoscopic Mucosal Resection (EMR) – when larger or flatter polyps need removing a procedure called EMR may be necessary to reduce the risk of damage to the bowel wall. This involves injecting fluid underneath the polyp to lift it away from the bowel wall. A thin wire is then tightened around the polyp and diathermy is applied to remove the polyp, sometimes the polyp is removed in a few pieces. EMR does increase the risk of perforation (causing a hole or a tear) but is still considered to be a safe procedure.



What are the risks?

Flexible Sigmoidoscopy is an established and safe procedure but very rarely it can result in complications. Some of these can be serious and can even cause death **(1 in 15,000)**. The possible complications are listed below.

Pain – the test can be uncomfortable and even painful at times, but every patients experience will be different. Options for pain relief are discussed later in this booklet and staff will aim to keep you as comfortable as possible.

Making a hole in the colon (perforation) (risk: less than 1 in 1,000). The risk is higher if a polyp is removed **(risk: less than 1 in 500)**. This is a serious complication; you may need surgery which can involve forming a stoma (bowel opening onto the 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.

Bleeding, if a polyp is removed (risk: 1 in 100). Bleeding usually stops soon after a polyp is removed. Sometimes bleeding can happen up to two weeks after the procedure. Let the Endoscopist or nurse know if you are if you are on Warfarin, Clopidogrel or other blood-thinning medication. You may need to stop your medication before having a polyp removed. If you have not been given instructions about your medication please contact the Endoscopy Unit.

Failed or limited procedure. This can happen due to technical difficulty, blockage in the large bowel, incomplete emptying of the bowel, complications during the procedure or discomfort. Your doctor or the Endoscopist may recommend another Flexible Sigmoidoscopy or a different test.

Missed pathology – a very small percentage of the bowel that is examined is not seen during Flexible Sigmoidoscopy so there is a small risk that abnormalities could be missed. However, this is still a reliable examination.

Alternatives to this test

There are alternatives to this test e.g. x-ray examinations, however these tests are considered slightly less accurate, specimens cannot be taken and if an abnormality is seen you may still need to have a Flexible Sigmoidoscopy.

Sedation / Pain relief

Many patients choose not to have any sedation or pain relief for this procedure. Even with sedation or pain relief, you may still feel some discomfort and even pain at times during the procedure.

Entonox – Entonox is a medical gas; it is a mixture of 50% Oxygen and 50% Nitrous Oxide. Entonox is used for pain relief during childbirth, acute trauma such as broken bones and other medical procedures and it is very effective for pain relief during Flexible Sigmoidoscopy.
You will be given a mouthpiece through which you will breathe in Entonox. The mouthpiece is connected to a demand valve system which only delivers Entonox to you as you breathe in. Entonox will begin to take effect after 2 or 3 inhalations of the gas. You should take these initial breaths just before the procedure begins and you can continue to breathe the Entonox as much as you need throughout the procedure, you are in control of how little or how much you take. You will still be able to hear and talk with the staff and follow instructions.

The advantage of Entonox is that the effects wear off quickly once you stop taking it so you will be able to take yourself home after your procedure and you do not need anybody to look after you. You can drive 30 minutes after taking Entonox and continue your day as normal.

Possible side effects – Like all medicines, Entonox may cause side effects, although not everybody will experience these.

Common side effects that are generally minor and rapidly reversible are: dizziness, light-headedness, sickness, tingling, and disorientation.

Less common side effects are: problems with the ear due to increased pressure inside the ear, tiredness, bowel enlargement due to trapped gas.

You cannot use Entonox if you have a condition where air may be trapped in some part of your body, collapsed lung, decompression sickness (the bends), or if you have been diving within 48 hours, severe lung disease such as bullous emphysema, head injury within 24 hours, colonic volvulus or blockage, suspected or known increased pressure on the brain, an inability to hold the apparatus or understand how to use it, decreased levels of consciousness, if you have had a laryngectomy or if you have had recent surgery to your eyes or ears where injections of gas have been used. It should also be avoided if you are taking Methotrexate.

Sedation – is given via a cannula, a little plastic tube that is inserted with a needle. Sedation helps to relax you but it does not put you to sleep. You will still be able to hear and talk with the staff and follow instructions. After the procedure you will be taken to the recovery area to rest and you may go to sleep at this point. Following recovery some patients don't remember having the test, but many patients remember part or all of the procedure.

If you have sedation you must have a responsible adult to collect you from the Endoscopy Unit to take you home and stay with you for 24 hours as the medication can stay in your system during this 24 hour period. You cannot drive, operate machinery (including household appliances) or sign legal documents during this 24 hour period. You are advised not to travel home on public transport and hospital transport will not be available (unless you usually qualify for hospital transport). If you do not have a responsible adult to take you home AND stay with you for 24 hours, you cannot have sedation.

Side effects and risks – because the sedative tends to make your breathing slower and shallower, your oxygen levels can drop. You will be given extra oxygen through a mask and your oxygen levels will be monitored during and after the procedure. It can also cause irregularities in your heart beat, therefore your pulse will also be monitored. Rarely a heart attack or stroke can happen if you have serious medical problems.

Preparation for the test

Pre-assessment clinic

Prior to the day of your procedure, you will need to attend the Endoscopy Unit to be seen in the pre-assessment clinic. Please note your procedure will not be carried out on the day you attend the pre-assessment clinic. At this clinic, the nurse will ask you a number of questions about your health to ensure you are able to prepare safely for your procedure. The nurse will also explain how to take your bowel cleansing medication correctly and when to fast from. You will also be told if it's necessary to stop any of your medication. The clinic is also an opportunity for you to ask any questions you may have about the procedure.

Interpreters – Family members and friends cannot be used to interpret. Please inform the Endoscopy Unit if you require an interpreter before you attend for your appointment. Failure to do this can result in cancellation or delay.

Pacemakers or Implanted defibrillators – If you have one of these devices you must tell the nurse at the pre-assessment clinic as your pacemaker or defibrillator will need to be checked before the procedure and arrangements need to be made for this. Failure to do this can result in delay or cancellation. Please bring your pacemaker/device identification card with you.

Medication – Please ensure you complete the medication form sent with your appointment as your medical notes do not always contain an up to date list of your tablets. If you have any problems completing this form, contact your GP surgery who will have this information.

- **Blood thinning medication –** If you are taking medication to 'thin' your blood e.g. Warfarin, Sinthrome, Phenindione, Clopidogrel, Ticagrelor, Rivaroxaban or Dabigatran you may need to stop this prior to your procedure. The nurse you see at pre-assessment will advise you about this. Please ensure you tell the nurse you are taking this medication. You may need to change to a different blood thinning medication that is given by injection for a few days and a district nurse may need to give you this. Your blood will need to be checked on the day of the procedure, this can usually be done with a finger prick test on the day you come for your procedure but occasionally it may be necessary to send you to the Pathology Department for a test.
- **Bulking agents –** If you are taking bulking agents such as bran, Fybogel or Regulan you should stop taking these one week prior to the test. Ask the nurse in pre-assessment clinic if you are unsure about this.
- **Iron tablets (ferrous sulphate) –** If you are taking iron tablets you should stop taking these one week before your test. Please ensure you inform the nurse at pre-assessment clinic. If your doctor has told you that your procedure is urgent and will take place within two weeks, stop your iron tablets immediately and inform the nurse in pre-assessment clinic. If you are unsure, contact the Endoscopy Unit.
- **Other medication (except diabetic medication, see below) –** You may take any other medication as normal even on the day of the test. It is particularly important that you take your medication if you suffer from conditions such as epilepsy, heart problems or hypertension (high blood pressure) as your procedure may be cancelled if your blood pressure is too high or your heart rate is irregular. Please tell the nurse in clinic what medication you are taking so that he / she can advise you what to do.

Diabetic patients – If you have diabetes, the nurse in pre-assessment clinic will give you advice and a written information sheet about your diet and medication. If you are still unsure what to do after seeing the nurse or need further advice, please contact the Diabetic Nurse Specialist.

Diabetic nurses in Huddersfield – 01484 347297

Diabetic nurses in Calderdale – 01422 222257

Bowel preparation – two forms of bowel preparation are given for this procedure. Which one you receive will be determined by the doctor who has referred you for this procedure.

Enema

Some patients having this procedure have an enema to clear the lower part of the bowel prior to the procedure. An enema involves the administration of fluid into the bowel to make you open your bowels. This will be given on the endoscopy unit on the day of your procedure.

Full bowel prep

To allow a clear view, the bowel must be empty of waste material. The nurse in pre-assessment clinic will give you some special laxative drinks to take and an information sheet telling you how and when to take them. The purpose of the bowel preparation is to clear your bowel, diarrhoea is to be expected therefore you will need ready access to a toilet. We would advise you not to work during this period. You will also be told about dietary restrictions. It is important that you follow these instructions carefully. Failure to do so may result in an unsuccessful examination.

Please follow the bowel preparation instruction on the instructed sheet given to you by the nurse in pre-assessment clinic. This may be different to the instructions contained in the box you have been given.

Some people find the drinks unpleasant; you can add fruit cordial to them to make them more palatable, do not add red or purple cordial as this can look like blood in your bowel. It is also better to sip the fluids rather than drinking them down very quickly and it can help to drink it through a straw. Whilst taking the preparation and following the dietary restrictions it is important to increase your intake of clear fluids. This is important to stop you becoming dehydrated and will also help to clean the bowel. You can continue to take clear fluids until you come for your test (unless you are having your stomach examined at the same time in which instance you should stop drinking 4 hours before your appointment time). If you suffer from renal problems, you should inform the nurse at pre-assessment clinic.

If you feel lethargic it may help to take sugary drinks to give you energy, diabetic patients should monitor their blood sugar and follow advice on separate diabetic information sheet.

Side effects of the bowel preparation include nausea, vomiting, bloating, abdominal pain, anal irritation and sleep disturbance. If you experience severe vomiting, severe diarrhoea with dizziness, headache and confusion or feel generally unwell, please either contact the Endoscopy Unit or your GP.

Consent

You have been sent a copy of the consent form; please take the time to read the form in conjunction with this information so that you fully understand what you are agreeing to. The nurse in the pre-assessment clinic will go over the form with you and explain the risks and benefits of the procedure and answer any questions you may have before asking you to sign the form. The form you have been sent is only a copy, you do not need to sign this copy.

If you are caring for someone who is unable to give consent for the procedure themselves, you will not be able to sign the consent form for them even if you are their next of kin. The consent form should have been completed with the Consultant in clinic after discussion with the patient and ideally the next of kin or other family member. If this has not taken place, please contact the Endoscopy Unit as soon as possible, ideally before the pre-assessment appointment as cancellation on the day may occur if there are problems with the consent process.

Withdrawal of consent – you can withdraw your consent at any point. If you withdraw your consent, the test will not end immediately as we will need to safely remove the instrument. If you have had sedation, you may not remember withdrawing your consent after the procedure.

On the day of the test

Minimal make up should be worn when attending and it is also important that you do not wear nail varnish or false nails as these interfere with monitoring equipment used during the test. Wear only minimal jewellery e.g. wedding ring.

Arriving at the Endoscopy Unit

Report directly to the Reception Desk in the Endoscopy Unit, do not take a seat until you have given your name to the receptionist. If you need to speak to the receptionist in a more private area, please ask.

Huddersfield Endoscopy Unit can be found on the Basement level. You can access through the hospitals Main Entrance or through the South Drive Entrance.

Calderdale Endoscopy Unit You should access the unit directly through the Endoscopy Unit entrance directly off Godfrey Road. You can access the Unit via the main entrance but please bear in mind that the signs will take you outside at the back of the hospital to enter again.

On the unit

A nurse will check your details with you and complete a short questionnaire, check your pulse and blood pressure and place an identify band on your wrist. If you have chosen to have sedation and have not already given the name and contact number of a responsible adult who will be collecting you, you will be asked for this at this point. You will be able to ask the nurse any questions you may have about the test. You will be asked to get changed, if you have a dressing gown and slippers please bring these with you, if you do not, we can provide a dressing gown and you can keep your shoes on when moving around the unit. You will also be given a pair of shorts to wear to maintain your dignity, the shorts have a split at the back so you can keep them on during your procedure. If you require an enema before your procedure, this will be given at this point.

After the test

If you have not had sedation or if you have had Entonox you will be able to get up and walk into the recovery area where you can get dressed. You will be offered something to eat and drink and will be able to leave the Unit on your own as soon as you wish. If you have had Entonox, you need to wait 30 minutes after your last inhalation before driving, but you can leave the unit. If you've had sedation, you will be wheeled into the recovery area on a trolley for rest and observation for a while, usually 20 to 30 minutes. You will then be offered something to eat and drink before you go home.
A responsible adult will need to collect you from the Endoscopy Unit, take you home and stay with you for the next 24 hours. The effects of the sedation can last 24 hours, therefore it may be necessary to take the following day off work. During this 24 hour period you must not drive, drink alcohol, operate machinery (including household appliances) or look after small children on your own.

Results

On discharge the nurse will explain the results of the procedure and will give you a short written report. Detailed reports of all tests and any specimens taken will be sent to the doctor who requested them. If you already have an out-patient appointment you should keep this. If you do not have an appointment, the nurse will give you instructions on discharge. If you have had sedation you may not remember what the nurse or doctor has said to you. If you would like a friend or relative with you when you are being given your results, please ask.

Frequently Asked Questions

Q. Will the test hurt?

A. The test can be uncomfortable and even painful at times even with pain relief or sedation. If you are finding the procedure very painful you can tell the staff who will try to reduce your discomfort and the procedure can be stopped if you wish.

Q. Will I be asleep if I have sedation?

A. No, you will not be asleep. The sedative helps to relax you, but does not put you to sleep.

Q. Will my relative be able to come in the room when I have my procedure?

A. No. Your relative or friend will be able to come into the pre-assessment clinic with you and also on the day of the test while the nurse asks you some questions but they will not be able to go into the theatre when you have the procedure.

Q. What if I don't have a responsible adult to look after me following sedation?

A. You will be able to have Entonox for the procedure so you will not need anybody to collect and look after you. If you are very keen to have the sedative injection you will need to be admitted to hospital overnight, you will be admitted to Calderdale Royal Hospital.

Q. Will I need to get changed?

A. Yes, you will need to remove your lower clothing including your underwear. You will be given a pair of shorts to wear to maintain your dignity, they have a split at the back so you can wear them during the procedure. You will also need to wear a dressing gown, if you have your own, please bring this with you. If you do not have a dressing gown, we can provide one. You may also be more comfortable if you bring a pair of slippers with you.

Q. Will I get my results on the day of the test?

A. We will tell you as much as we can after the procedure but we may not be able to give you the full result. If specimens are taken, these need to go to the lab to be analysed and it can take a few weeks for these results to be available.

If you have any further questions please do not hesitate to contact the unit.

If you have any comments about this leaflet or the service you have received you can contact the Unit Manager at the Endoscopy Unit you attended.

Calderdale Royal Hospital
Telephone (01422) 223920

Huddersfield Royal Infirmary
Telephone (01484) 355868

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
براۂے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"