

# Sigmoidoscopy

An information guide



# Sigmoidoscopy

A sigmoidoscopy is a test which allows the endoscopist to look at and examine the lining of the lower part of the bowel.

This is done by passing a long flexible tube with a bright light at the end, (which is the thickness of your index finger) through the back passage (anus) and into the lower part of the bowel. Sedation or Entonox may be offered for this procedure to help you relax.

In some cases it may be necessary to take small samples of tissues (biopsies) using tiny forceps, which are then sent to the laboratory for testing. The taking of biopsies is painless and very safe.

It may also be necessary for the endoscopist to remove polyps from the lining of the bowel. These polyps are projections of tissue which grow on the lining of the bowel and are removed using a small wire loop, which burns through the tissue. Removing polyps is painless.

## **Bowel Preparation**

You may be asked to have an enema before your test and this can be done in the privacy of your own home one hour before coming into hospital. You will be asked to collect this from the Endoscopy Unit you are attending.

**Please collect this from the hospital you are attending at least 7 days before your procedure.**

If you feel you are unfit to do this yourself please telephone the department in advance.

## **What are the possible risks?**

Complications can develop during or after the procedure. Every effort is made to prevent, recognise and treat these.

- There is a very small risk of bleeding and tearing of the bowel, which may require urgent treatment or even an operation. This occurs in 1 in 2,000. The risk is increased if polyps are removed from the bowel.
- Slight rectal bleeding is normal following the taking of biopsies and should settle down over the next 24 hours.
- A reaction to the drugs used is another complication and although very rare, if it did occur, you would be required to stay in hospital. Any worries you may have about this can be discussed in detail with your GP or the endoscopy staff.

## **What are the benefits?**

This is a quick and easy way of examining the lowest part of the large bowel. We can take samples of the bowel lining for examination under the microscope. We can snare and remove polyps and sometimes a prescription for medication can be issued and sent to your GP.

## **What are the alternatives?**

The alternative to this is a CT colonography. However this test may recommend the camera test for further clarification.

X-rays and scans might be performed at other stages in your investigations.

If you have any further questions or require any further information then we can discuss this with you at your next hospital visit.

## Starving before the test

You will need to starve at least 6 hours before your test unless otherwise stated by your consultant or doctor.

**Morning appointments** - Starve from 12 midnight.

**Afternoon appointments** - You can have an early light breakfast before 7:00 a.m - e.g. cereal or toast with a drink and then nothing until after the test.

## What do I need to bring with me?

Please bring a dressing gown, slippers, medication and a medication list with you on the day of your procedure.

## Medication

- If you take blood thinning tablets (anticoagulants e.g. Aspirin or Warfarin) please consult your Consultant or the doctor who deals with your anticoagulant medication.
- Please make sure that the doctor requesting the procedure and the one performing the procedure are both aware that you have been on anticoagulants and what measures have been taken.
- If you are diabetic on medication or insulin please contact your Diabetic Nurse for specific instructions.
- If you take iron or codeine tablets, you should stop taking them **one week** before the test.
- If you take Clopidogrel, please consult your consultant or doctor for instructions before you have the test.
- If you have a **latex allergy** then please contact the Booking & Scheduling Team as your admission date/time might be affected.

**You must keep taking any essential prescribed tablets.**

## Sedation

Drugs are not given routinely as they have little effect on the sensation of 'wind'. The vast majority of people tolerate this examination well without sedation. However, if sedation is requested, this involves a drug being given through a needle (usually in the back of the hand). If you decide to have sedation, please be aware that it is only a conscious sedation, not an anaesthetic. Sedation will only make you feel drowsy and will not put you to sleep. **This is not a general anaesthetic.**

**For your own safety please comply with the following:**

- After the test you will spend approximately 1 hour on the unit recovering from the effects of the drug.
- You need a responsible person to accompany you home and stay with you for at least 24 hours after the sedation, as the sedation can remain in the bloodstream for this length of time. If you are a main carer, please arrange an alternative carer.
- You must not sign any legal documents for at least 24 hours.
- You must not return to work, drive or drink alcohol for at least 24 hours after the sedation.
- For some patients, sedation is not advised. The doctor performing the examination will discuss this with you.
- Entonox may be offered as an alternative for suitable patients. This allows you to carry on with your normal activities including driving after 30 minutes.

## **Contact details**

### **Rochdale Infirmary**

Telephone: - 01706 517550

### **North Manchester General Hospital**

Telephone:- 0161 720 2835

### **Fairfield General Hospital**

Telephone:- 0161 778 3803

### **The Royal Oldham Hospital**

Telephone:- 0161 627 8513

### **Booking & Scheduling Team**

Telephone:- 01706 906788

## **Reference section**

For further information on references please go to [www.pat.nhs.uk/health information leaflets/patient information leaflets/references](http://www.pat.nhs.uk/health-information-leaflets/patient-information-leaflets/references).



**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**


**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

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