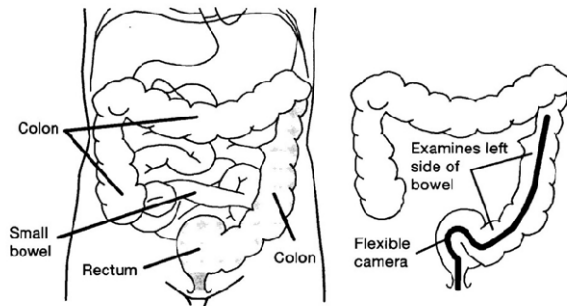


(perforation). If this occurs you may begin to feel unwell, become nauseous and your tummy may feel hard, swollen and painful. This may lead to a hospital admission and sometimes an operation.

Another risk is bleeding. Care is taken to ensure there is no bleeding after the removal of polyps but as the bowel contracts when the bowels are opened this sometimes causes the area to bleed. You may experience spotting on the toilet paper, this usually subsides. If it continues and bleeding increases contact your GP immediately.

The risk of either of the above is about 1: 1000.



Going home

Once the examination has finished and you are ready to go, you can go home.

Concerns

If you have any queries regarding the procedure, you should contact the endoscopy unit between 8am and 6pm Monday to Friday and the nursing staff will be happy to give you information or advice. Outside these hours you should contact your own GP, or speak to the accident and emergency department at Bedford Hospital. Alternatively you can contact NHS Direct and nursing staff there should be able to help you with any queries.

Contact us

Bedford Hospital: 01234 355122
Endoscopy unit: 01234 792269
NHS Direct: 0845 4647

This leaflet was produced by the endoscopy department at Bedford Hospital with information from the endoscopy unit at Hull and East Yorkshire Hospital.

Endoscopy

Having a Flexible Sigmoidoscopy



This leaflet provides information about your procedure, why you have been recommended to have a flexible sigmoidoscopy and what you can expect before, during and after the procedure.

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This is an examination of the lower part of your large bowel using a flexible camera. The flexible colonoscope is a special camera, which can examine the left side of the bowel and only takes about 10-15 minutes.

You will have seen your GP or consultant with concerns about your bowels. This may have been some bleeding or a change in bowel habit that does not seem to be returning back to normal. You will then have been referred for this examination to find the cause of your symptoms.

The examination provides the opportunity to take samples of tissue called biopsies if the endoscopist thinks the bowel lining does not look normal. Sometimes small benign growths are found at sigmoidoscopy. These are called polyps. These are generally removed there and then. We do know that some polyps, if left for some years, have the potential to change into cancers.

The benefits of this examination are that it is quick, it examines the part of the bowel where most bowel problems occur and that biopsies and polyps can be removed at the same time.

Alternatives to sigmoidoscopy

There are x-ray examinations which can be done instead, these can tell us if the bowel looks normal or not, but they cannot tell us what the problem is. We need to be able to take biopsies and this is not possible with x-ray. If you would like to discuss this further please speak to a member of staff.

Your procedure

Specialist doctors perform the majority of these procedures, however Bedford Hospital has commitments to train both doctors and nurses in all aspects of endoscopy and care and your test may involve students training in the performance of sigmoidoscopy. Their training is provided through specialist courses and supervised by experienced consultants. If you have any queries about this please do speak to a member of the team.

Preparation

To be able to see the lower part of the bowel, it is important that the bowel is empty. We will give you bowel preparation to be taken at home the day before the procedure to ensure that the bowel is empty. Occasionally an enema may need to be given in the department before the procedure.

Take all your tablets as normal. If you take iron or Warfarin tablets please contact the endoscopy department as special arrangements are sometimes needed.

Please bring a list of medication and any known allergies with you on the day.

When you arrive

When you arrive in the department the nurses will explain the procedure and go through a series of questions about your general health. You will then be asked to wait in the waiting room until it is time for your procedure. You will then be called to get changed and endoscopist will ask you to sign a consent form. This is to ensure you understand the test and its implications. If you have any worries or questions don't be afraid to ask. The staff want you to be relaxed as possible for the test and will not mind answering your queries.

When it is time for your procedure you will be taken through to the treatment room and asked to lie on your left side on the trolley. There will be two nurses in the room to take care of you. You can watch the TV screen if you wish and ask questions during the examination.

The endoscopist will examine your bottom first with a finger, this is to feel the first few centimetres of the bowel which the camera can sometimes not see.

To help get round the bowel; air is gently passed into the bowel through the camera, this opens up the bowel so the endoscopist can get a clear view. This causes a feeling of wanting to go to the toilet but you won't as there should be no faeces in there. The air that has been put in, sometimes causes tummy pain and you may feel bloated. This feeling will wear off after the examination.

Once the examination is finished you will be taken to the recovery area to be monitored. Once you are feeling alright and the nurse is happy with your recovery you can get changed and go home. You will receive a discharge leaflet to take with you, a nurse will go through this with you.

Results

As soon as the examination has finished you will be told the result and what happens next. If biopsies were taken then the results will take longer will be discussed with you in clinic at a later date.

Risks

There are some risks associated with this procedure however serious complications during sigmoidoscopy are very rare. There is a small risk that during the examination a small tear can be made through the bowel wall