

Rectal Bleeding Clinic

Gastroenterology patient information

Please read this leaflet carefully before your appointment, so you have time to contact us in advance with any questions. The numbers to call are below.

Patient name	
Appointment date	
Arrival time	
Department	B57- Zone B, second floor

Please try to arrive punctually at your 'arrival time'; we will make every effort to see you promptly. Please be prepared to be in the department for 2-3 hours; our sessions run from 09.00-13.00 and 13.30-17.30.

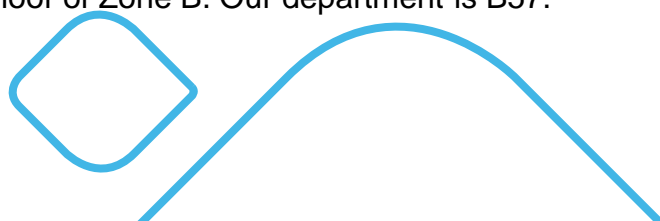
If you have any questions regarding the information or instructions in this booklet, please do not hesitate to call the department on one of the numbers below.

To cancel or change an appointment: 01225 821412 (administrative staff)

To discuss your appointment or ask questions about the preparation and medications call: 01225 821425 or 01225 821788 (nursing staff)

If you cannot accept the appointment date, it is important that you telephone without delay so that your date may be offered to another patient.

The Rectal Bleeding clinic is in the Endoscopy Department, within the Grace Penwarden Gastroenterology and Surgical Unit, on the second floor of Zone B. Our department is B57.



Introduction

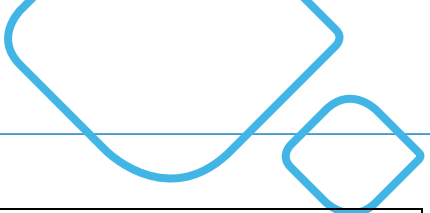
You are invited to attend an appointment at the Flexible Sigmoidoscopy and Rectal Bleeding Clinic, following referral by your general practitioner (GP) to the hospital. The intention of the clinic is to diagnose the cause of the bleeding that you have experienced from your back passage. At your appointment, you will see a doctor or specialist nurse; there will also be endoscopy nurses present to help with the examination and ensure that you are comfortable. We will discuss your symptoms, and then conduct a physical examination, which may include your abdomen, before an examination of your back passage. If appropriate, we will discuss and perform a camera test called a flexible sigmoidoscopy to examine your lower bowel. You should be able to return home shortly after the procedure, and will be informed if there is a need for further investigations or treatment.

Please read this booklet carefully before your appointment. Please also review the accompanying consent form, to make sure you understand all the information. You will have the opportunity to ask questions at your appointment, and you will be asked to confirm your consent on the day.

Your Health

Please complete the following health questionnaire, and bring it with you to your appointment. Do you have any of the following problems? If so, please give details in the appropriate box.

Heart problems
Breathing problem
Diabetes
Liver problems
High blood pressure
Seizures
Stroke
Do you have any allergies?
Have you ever been told that you are at risk of CJD (creutzfeld-jacob disease) or vCJD for public health purposes? If yes, please call to speak to the nursing staff on 01225 821425 or 01225 821788
Please list all medications you are currently taking



Do you take Warfarin? If yes, what was your most recent INR?
Is someone collecting you after your procedure? If so, please give a contact phone number:
In the event of an emergency, do you have a contact we can call:

Should I take my medicines as normal?

Please take your prescribed medications as normal, with a little water.

If you take timed medications e.g. for Parkinson's then continue to take these at your usual times.

If you are diabetic, please call the department on 01225 821425 or 01225 821788. As preparation may affect your diet, a trained nurse can advise if some medications need adjustment.

We need to know if you take any of the medications listed below. If you do, please phone the nursing staff on 01225 821425 or 01225 821788 at least one week before your appointment.

- Warfarin
- Clopidogrel
- Prasugrel
- Dabigatran
- Rivaroxaban
- Apixaban
- Ticagrelor
- Edoxaban
- Phenidione
- Iron supplements

What should I expect?

On arrival at the unit, one of the reception staff will check your details and ask you to take a seat in the waiting room. A nurse will take you to the consent room to check the health questionnaire you have completed on this leaflet, and discharge arrangements. The nurse will discuss the procedure with you. If you have any questions please ask; we want you to be as relaxed as possible. The nurse will explain your consent form, and ask you to sign it, before returning to the waiting room.

In the endoscopy room, a nurse will check your details and discharge arrangements again, and the endoscopist (doctor or specialist nurse) will discuss your health and symptoms with you. They will ensure you understand the proposed procedure, and give you the opportunity to ask questions. The team will ensure you are happy to go ahead with the test.

The endoscopist will examine you and perform the flexible sigmoidoscopy test. Afterwards, they will discuss the results, and provide a written copy of your flexible sigmoidoscopy report (which is also sent to your GP).

In general, it is policy that your family or friends do not accompany you to the endoscopy room, do ask if you have special circumstances. They are welcome to wait onsite for you, and we can contact them when you are ready to leave. The ward and toilet facilities are single sex areas. In exceptional circumstances, it may be necessary to have a mixed sex area. The staff are committed to ensuring your privacy at all times.

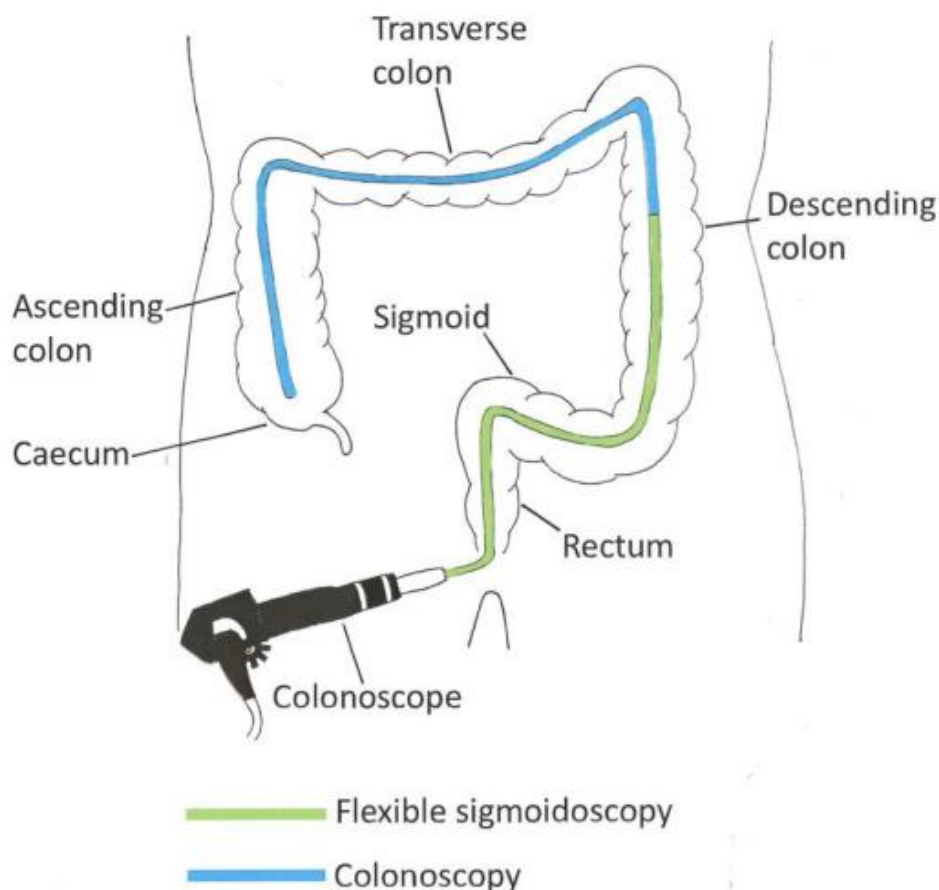
What is a Flexible Sigmoidoscopy?

A Flexible Sigmoidoscopy is a short test, which allows the endoscopist to look directly at the lining of part of the large bowel (colon) and your back passage (anus). The colonoscope is a long flexible tube about the thickness of your index finger with a bright light at the end; this is passed through the back passage into the large bowel, the last part of the bowel nearest the anus is called the rectum.

The colonoscope sends images to a screen viewed by the endoscopist throughout the procedure. This allows the endoscopist to check for any abnormalities such as haemorrhoids, inflammation, and cancer. Biopsies (small samples of tissue) are often taken using tiny forceps through the colonoscope, and sent to the laboratory for analysis. Taking biopsies is safe and painless. It is routine for pictures taken during the test to be stored as part of your health record.

Why has my doctor chosen a flexible sigmoidoscopy for me?

Flexible sigmoidoscopy is the only test that allows the endoscopist to view the lining of the bowel directly to assess what might be the likely cause of the symptoms you have been experiencing. Treatments such as banding of haemorrhoids and removal of polyps are possible, as is taking biopsies.



Are there any risks to the test?

The endoscopy team will do everything they can to keep you as comfortable and as safe as possible. However, complications can occur. Risks are also detailed on the accompanying consent form.

There is a small risk of tearing or perforating the bowel. This happens in approximately 1 in 5000 flexible sigmoidoscopies; this increases to 1 in 500 if polyp removal is performed. In such cases, the person is admitted to hospital for observation, as emergency surgery may be required.

Bleeding occurs in 1 in 1000 cases, increasing to approximately 1 in 100 cases after a polyp is removed. Most bleeding settles spontaneously. If further treatment is needed you may require an emergency hospital admission and a further sigmoidoscopy to enable specialist treatment. You may require a blood transfusion and in very rare circumstances an operation. Death is very rare after flexible sigmoidoscopy, occurring in less than 1 in 15000 cases.

Sometimes we are unable to complete a test and a further investigation such as a computerised tomography (CT) scan may be arranged. There is a nationally reported rate of missing significant bowel lesions in 1 in 100 procedures; we regularly audit our practice to ensure we remain within national standards. There may be some discomfort in the back passage during the test. There is a very small risk of a reaction to Entonox (gas and air).

Is the procedure painful?

Air (or carbon dioxide) is introduced to inflate the bowel and ensure a clear view. You may experience some 'wind-like' pains, but they will not last long. You may get the sensation of wanting to go to the toilet, but as your bowel is empty, there is minimal risk of this happening. It is common to pass some wind during the test. Although you may find this embarrassing, our staff understand the investigation is causing this.

Are there any alternatives to this test?

Your referral has been reviewed by a bowel specialist prior to your appointment, and it has been determined that this is the most appropriate route to investigate your symptoms. Other tests such as CT scans are occasionally used to investigate rectal bleeding, but they are not as accurate and do not allow biopsies to be taken. Sometimes after flexible sigmoidoscopy, further tests such as a CT scan or colonoscopy (examination of the whole large bowel) may be advised.

Preparation for the test

If you are unwell prior to your procedure, you should contact our nursing team as it may be necessary to postpone your test. Do not bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them.

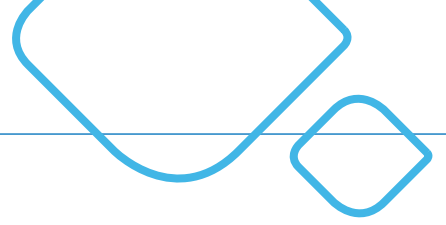
In order to obtain good views, it is best if your bowel is empty. Your specialist will determine the best preparation for you. Bowel preparation can be given as tablets, a liquid, or an enema; all come with instructions. Enemas are given around an hour before the procedure; tablets or liquid bowel preparation starts earlier. You can have clear fluids (such as black tea or coffee, sugar-free squash, clear soups or water) up to 2 hours before your appointment time.

If you intend to travel by car, please be aware that parking may be quite difficult to find when you arrive. Please give yourself enough time to allow for this. Other travel options are described at www.ruh.nhs.uk/finding/. You do not need to bring nightwear.

The consent form

The consent form gives us a formal indication that you are agreeing to undergo the procedure that is being offered. It is valuable to you as it gives a written check on what you are agreeing to.

Kindly read the consent form enclosed with this information; please bring it with you on the day of the test. Before signing it, you should be clear as to what you are consenting for. If you are unclear and have questions, please do not sign the form until you feel your questions have been answered by the endoscopy staff.



During the flexible sigmoidoscopy

- For your safety you will be asked to confirm the details taken during the admission process. You will be given the opportunity to ask further questions about the procedure before it begins.
- Staff will help you onto the trolley in the room and explain the best position, lying down on your left side with your knees slightly bent. You will be covered at all times.
- A probe will be attached to one of your fingers to monitor your pulse and oxygen levels throughout the procedure.
- A rectal examination is performed, and then the colonoscope will be inserted through your anus into your large bowel.
- The nursing staff will support you, ensure you are comfortable and stay with you throughout. Should you want the procedure to be stopped at any time you can let them know.
- Position changes during the test can allow easier passage of the colonoscope.
- The test usually takes 15 minutes to complete but it can be longer.
- You can look at the pictures of your procedure on the screen.

A number of photographs are routinely taken during the sigmoidoscopy and biopsies are often taken; this does not necessarily mean that anything is wrong. Abnormalities are often also photographed to inform those responsible for your care. These photographs are often added to the endoscopy report.

If the endoscopist finds a polyp during the test, it may be possible to remove this at the time. Polyps are raised fleshy areas on the lining of the bowel wall. If not removed some types of polyps may grow and eventually lead to cancer. Removing a polyp is a good way of reducing your risk of bowel cancer and is not painful. If polyps are found, it may be recommended that you undergo a full colonoscopy at a later date.

If small haemorrhoids are found, the endoscopist will determine if it is possible to offer banding as a treatment for these immediately. Depending on your individual circumstances, it might not be possible to offer banding at this appointment. In this circumstance, the endoscopist will discuss appropriate ongoing treatment options with you. You can read more about haemorrhoid (piles) treatment options on the patient uk website: <https://patient.info/digestive-health/rectal-bleedingblood-in-faeces/piles-haemorrhoids>.

Sedation and analgesia

Entonox (gas & air) is available as a form of pain relief which is inhaled via a special device; a nurse will talk you through the options. You will be asked to confirm your medical details to ensure that Entonox is safe and appropriate, and the nurse will help you to reach a decision. Sedation is not routinely offered in order that you can drive home, return to work, and do not require anybody to accompany you to your appointment. Entonox is out of your system in 30 minutes, leaving no lasting effect. As no sedation is used, the findings and next steps in your treatment can be

discussed immediately after the procedure. However, if you would prefer sedation, please contact our nursing team in advance, as we are happy to make arrangements with advanced notice.

When will I get the results?

The results of the procedure will be explained to you immediately, and the endoscopist will discuss any questions you may have. You will be informed about any symptoms to be aware of following your examination. You will be offered a copy of your report to take home, and separate copies will be filed in your health record, and sent to your GP and any other health professionals involved in your care. The nurse will also explain how you will receive results of any biopsies and polyps removed; this may be by letter, by seeing your GP or review in an outpatient clinic. The team will tell you before you leave if a further appointment is planned.

When can I go home?

You will be discharged home directly from the procedure room with the results of your test. If you have had Entonox, you should allow 30 minutes from the end of your test before driving. The department closes at 17.30.

How will I feel after the test?

You may feel a little bloated due to air remaining in your bowel following the test; this should soon settle and does not normally require any treatment or medication. There are no restrictions on activities once you are discharged home as you have not been sedated.

Comments, compliments, concerns or complaints

The Royal United NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However, we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

The Patient Advice and Liaison Service (PALS) offer confidential advice, support and information, and provide a point of contact for patients, families and carers. Email ruh-tr.pals@nhs.net or telephone 01225 825656/ 826319.

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.



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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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