

# Having a flexible sigmoidoscopy



## Endoscopy Patient Information

Please carefully read this leaflet immediately so you are fully informed about the proposed procedure and have time to contact us in advance with any queries.

**You can have clear fluids (such as black tea or coffee, sugar-free squash, clear soups or water), and swallow essential prescribed medication up to 2 hours before your appointment time but must not eat in this time.**

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

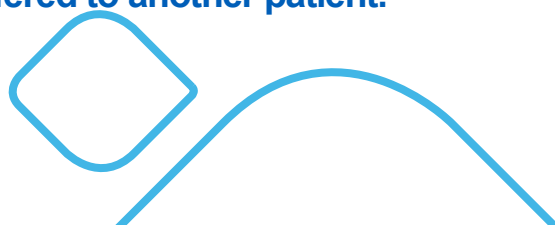
**Please try to arrive punctually at your 'arrival time'; we will make every effort to see you promptly. Please be prepared to be in the department for 2-3 hours; our sessions run from 09.00-13.00 and 13.30-17.30.**

This booklet has been designed by our endoscopy team, with input from former patients. If you have any questions about the information or instructions in this booklet, please do not hesitate to call the department on the numbers provided 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.**

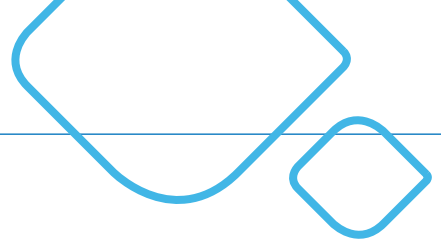


## Your Health

Please complete the following health questionnaire before you arrive for your appointment and bring this booklet with you. We will need it for the admission process.

Do you have any of the following problems; if so please give details?

<b>Heart problems or cardiac devices e.g. pacemaker or automated defibrillator</b>
<b>Breathing problems</b>
<b>Diabetes</b>
<b>Liver problems</b>
<b>High Blood pressure</b>
<b>Seizures</b>
<b>Stroke</b>
<b>Arthritis</b>
<b>Other</b>
Do you have any <b>allergies</b> ?
Have you ever been told that you are at <b>risk of CJD or vCJD</b> for public health purposes? If yes, please call to speak to the nursing staff on <b>01225 821425 or 01225 821788</b> .
Please list <b>all</b> medications you are currently taking and the doses:
Who is collecting you after your procedure?
Who is at home with you for 24 hours after the test?
Please give a contact telephone number:



## Blood thinning medications

Do you take anticoagulant medications to thin your blood such as **Warfarin, Phenindione, Acenocoumarol, Dabigatran, Rivaroxaban, Apixaban or Edoxaban**?

If so, please write which medication and why you take it (if known) below:

If you have monitoring e.g. for warfarin, can you tell us about your most recent INR?

Date:                      INR result:                      Do you know your target INR?

Do you take anti-platelet medications such as **Clopidogrel, Prasugrel, Cangrelor, Dipyridamole or Ticagrelor**?

Please give details:

**Aspirin and Dipyridamole do not need to be amended for endoscopic procedures.**

## Should I take my medications as normal?

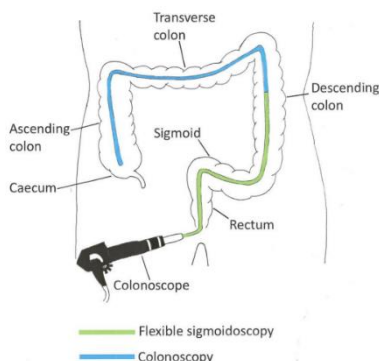
If you take essential prescribed medication you may take these with a little water prior to your investigation.

## Why am I having a flexible sigmoidoscopy?

Your doctor or specialist has asked for this examination as part of their investigations into the cause of your symptoms or due to other concerns. These tests are commonly used to diagnose problems with the bowel, rectal bleeding, tummy pain or to manage polyps amongst other things.

Flexible sigmoidoscopy is a 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. It might also include interventions such as removal of polyps, taking biopsies or treatment of haemorrhoids.

## What is a Flexible Sigmoidoscopy?



A Flexible Sigmoidoscopy is a short test, which allows the endoscopist (Doctor or Nurse) to look directly at the lining of part of the large bowel (colon) and your back passage (anus).

The sigmoidoscope 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.

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The sigmoidoscope 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, polyps and cancer.

Biopsies (small samples of tissue) are often taken using tiny forceps through the sigmoidoscope, and sent to the laboratory for analysis. Taking biopsies is safe and painless. It is also routine for pictures taken during the test to be stored as part of your health record.

## 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. Occasionally, samples taken are inadequate (non-diagnostic biopsies) and may need to be repeated.

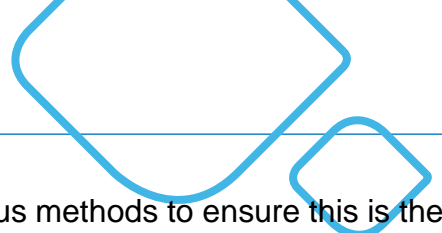
There may be some discomfort or pain in the back passage or tummy during and shortly after the test.

There is a small risk of a reaction to any sedation, painkiller or Entonox (gas and air) that may be used. Risks associated with sedation include the slowing of breathing, lowering of blood pressure, and an allergic reaction; you will be carefully monitored throughout.

## Is the procedure painful?

Air, water or carbon dioxide is introduced to inflate the bowel and ensure a clear view. You may experience some 'wind-like' pains, these are often short-lived. Your abdomen may feel distended at times during the examination but most people do not feel unduly uncomfortable. A nurse will be caring for you throughout, with whom you can discuss any discomfort, and / or halting the procedure at any time.

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.



We want you to be as comfortable as possible, so we use various methods to ensure this is the case. A nurse will talk you through the options and help you to reach a decision that you feel comfortable with.

## **Entonox, sedation and analgesia**

We want you to be as comfortable as possible, so we use various methods to ensure this is the case. A nurse will talk you through the options and help you to reach a decision that you feel comfortable with in the consenting room, and it can be discussed again in the procedure room.

Entonox (gas & air) is available as a form of pain relief which is inhaled via a mouthpiece. A nurse will confirm your medical details to ensure that Entonox is safe and appropriate. Entonox is out of your system in 30 minutes, leaving no lasting effect. When Entonox is used without sedation, the findings and next steps in your treatment can be discussed immediately after the procedure. Some patients choose Entonox so they can drive home, return to work, and do not require anybody to accompany them to the appointment.

Conscious sedation is a technique used here and in all other endoscopy units. A small plastic cannula (needle) is placed and medication can be injected through it. These medications might make you drowsy but you will not be asleep. You may not remember the procedure, but it is not a general anaesthetic; you will not be unconscious, you will be awake and aware, just 'less bothered' by what is going on. After sedation for a sigmoidoscopy, you will be cared for in our recovery area. Following sedation your thinking processes and movements will be slower than usual. There will be restrictions placed upon you for 24 hours afterwards, and you will need a responsible adult to take you home, and be present for 24 hours after sedation.

Sedation can be combined with an injection of analgesia when needed. Sedation and / or analgesia can also be combined with Entonox. The consenting nurse will support you in deciding on options, and the team in the procedure room are happy to discuss this further.

## **Are there any alternatives to this test?**

Your referral has been reviewed by a specialist prior to your appointment, and it has been determined that this is an appropriate route to investigate your symptoms. Other tests such as CT scans are occasionally used to investigate bowel problems, 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. You do not need to bring nightwear.

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 drink, or an enema;

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all come with instructions and are separate to this leaflet. 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, but must not eat in this time.

If you intend to travel by car, please be aware that parking may be quite difficult when you arrive. Please give yourself enough time to allow for this. Other travel options are described at [www.ruh.nhs.uk/finding/](http://www.ruh.nhs.uk/finding/)



## Working towards healthcare sustainability – Green Endoscopy

As a department we are highly focused on environmental sustainability and 'Green Endoscopy'. Endoscopy is recognised to generate the second highest level of plastic waste in a hospital. We would ask you to support our efforts by bringing your own water bottle along to your procedure. If you have false teeth, kindly also bring a suitable pot or bag to keep these in during your test. We will ask you to change into a hospital gown during the test, please bring a carrier bag with you to hold your clothing and other belongings.

## What should I expect?

On arrival at the unit, report to the reception desk. A nurse will take you from the waiting area to the consent room, with anyone accompanying you for support. They will check your details and discharge arrangements with you. The nurse will discuss the procedure and complete the consent form with you. If you have any questions, please ask as 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.

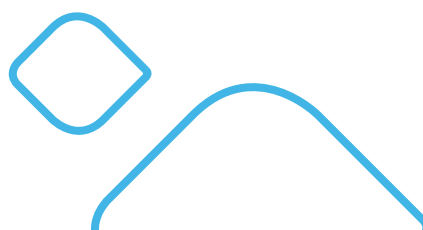
The nurse caring for you during the procedure will then collect you from the waiting room and take you to the room where the sigmoidoscopy will be performed. It is department policy that your family or friends do not accompany you to the procedure room as it is a theatre environment. We can contact them when you are ready to leave.

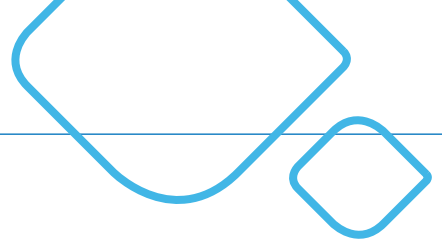
The ward and toilet facilities are single sex areas. In exceptional circumstances because of a significant clinical risk it may be necessary to have a mixed sex area. The staff are committed to ensuring your privacy at all times.

## The consent form

The consent form gives the endoscopist and the hospital a formal indication that you are agreeing to undergo the procedure being offered as stated in the form. You will be offered a copy for your records.

If you have an appointment confirmed, a consent form is included with this booklet for you to familiarise yourself with; please bring it with you on the day of your test. As described, the consent process is carried out by a skilled nurse outside of the theatre environment, who will be happy to answer any questions you might have.





## 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. The nurse looking after you will place an oxygen probe on your finger to enable your heart rate and oxygen levels to be monitored during the procedure.

A rectal examination is performed, and then the sigmoidoscope 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 speak to them or the endoscopist.

The test usually takes less than 15 minutes to complete but it can be longer. Position changes during the test can allow easier passage of the sigmoidoscope. During this time some gas and / or water will be passed down through the tube to distend the bowel and allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable, and you may pass flatulence. You can choose to look at the pictures of your bowel on the screen.

Several photographs are taken during an examination; taking these does not 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. It may be possible to remove the polyp on the day and when indicated they are sent away for analysis. If polyps are found, it may be recommended that you undergo additional tests at a later date.

## When will I get the results?

The results of the procedure will be explained to you immediately or in the recovery area. Your nurse in the recovery area will ensure you understand information given to you by the endoscopist and answer any questions you may have. You will be given a post-procedure advice sheet on aftercare, and symptoms to be aware of following your examination. Usually, you will be offered a copy of your report to take home and separate copies will be sent to your General Practitioner and any other health professionals involved in your care. Further details of the test, results of any biopsies and any necessary treatments or medications can be discussed with your GP, or the specialist who requested the investigation. The nurse will tell you before you leave if an outpatient appointment is planned.

## When can I go home?

If you have not had sedation you may be discharged home directly from the procedure room with the results of your test. If you have had Entonox, you should allow 15 minutes from the end of your test before driving. There are no restrictions on activities once you are discharged home if you have not been sedated.



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After sedation, we care for you in the recovery area for approximately one hour, to ensure you are ready to be cared for by an accompanying responsible adult. The department closes at 17.30.

**Sedation specific instructions.** For the next 24 hours you must not:

- Drive any motor vehicle (this is a legal requirement, as per the DVLA)
- You must not use or operate machinery and electrical appliances.
- You must not drink alcohol.
- You should not sign any important documents or papers that you may not want to agree to at a later time.
- You must not look after anyone who needs your help to manage, such as young children or older members of the family.
- You must have someone to supervise you at home and accompany you during your discharge from the hospital

**Entonox specific instructions**

- Allow 30 minutes from the end of your procedure before driving or signing any important documents or papers.

## How will I feel after the sigmoidoscopy?

You may feel a little bloated due to air remaining in your bowel following the test; occasionally you may pass a few drops of blood as a result of the biopsies (samples taken). Any symptoms should soon settle and do not normally require any treatment or medication.

## Endoscopists in training

Training future endoscopists is essential. All our endoscopists in training are in a structured training programme within the national guidelines, and all are experienced doctors or specialist nurses. Your treatment may provide an opportunity for such training under the supervision of a senior endoscopist. You may decline to be involved in this training without adversely affecting your care and treatment. If you wish to let us know you are not happy to have a supervised endoscopist in training perform your procedure, please inform us **at least a week in advance** of the procedure, so we can ensure you are not booked on a training list. The endoscopy administrative team are on **01225 824069**.

## What if I change my mind?

If having read this leaflet you have decided not to go ahead with the investigation, please telephone the endoscopy administrative team on 01225 824069 in good time so we can offer your appointment to another person. We recommend you discuss your decision with your GP or the specialist who arranged your sigmoidoscopy.

## 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





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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.

## **Patient Support and Complaints Team (PSCT)**

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. Please ask a member of staff for further information.

Please contact the Patient Support and Complaints team (PSCT) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email [ruh-tr.psct@nhs.net](mailto:ruh-tr.psct@nhs.net) or telephone 01225 825656 / 826319

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