



Phoenix
Health
Solutions

PATIENT LEAFLET

Sigmoidoscopy



IF THE EXAMINATION IS NORMAL

It is likely your symptoms will be from one of the following:

Piles (Hemorrhoids): These are blood vessels that project into the rectum just above the anus. They can cause bleeding, soreness and sometimes prolapse—this is where the piles come out through the anus and may be seen or felt.

Fissure: This is a split in the skin of the anal canal.

Fistula: This is a narrow tract or joining between the anal canal and the surface of the skin close to the anus. It can also cause a boil or abscess.

Pruritus Ani: This is a term used to describe very severe itching around the bottom or anus.

Bowel Spasm: This is a cramp-like contraction in the bowel which can cause some pain.

Irritable Bowel Syndrome: This is a term used to describe all sorts of symptoms, including bowel spasm, which are not due to serious causes. It may take the form of pain in the tummy, constipation, diarrhea, and bloating.

IT MAY BE NECESSARY FOR THE DOCTOR TO TAKE A BIOPSY

If there is a need to look more closely at the lining of the bowel, the endoscopist will take a biopsy.

Biopsy: This is when a small piece of bowel lining is taken from inside the bowel using tiny forceps and sent to the laboratory for examination under a microscope. This will not hurt but it helps to identify the exact cause of the problem.

Please be aware that one quarter of all bowel cancers develop further up in the bowel (in the transverse or ascending colon) which cannot be seen during a flexi-sig investigation. If further investigation of the whole bowel was needed, then a colonoscopy would also be arranged for you.

IN A FEW CASES A FURTHER EXAMINATION MAY BE NECESSARY

Colonoscopy: This is an examination similar to a flexible sigmoidoscopy but with a longer tube. It takes thirty minutes on average but requires you to take a strong laxative on the day of the procedure. This procedure is likely to be done under a mild sedation, but you will be conscious throughout.

Barium Enema: You may need a barium enema X-Ray. This is an X-Ray of the bowel also performed after taking strong laxatives at home. It is done without sedation in the X-Ray Department.

BOWEL CANCER CAN AFFECT ANYONE AT ANY AGE. THAT IS WHY IT IS SO IMPORTANT TO BE AWARE OF THE MAIN SYMPTOMS:

- Bleeding from the bottom without any obvious reason
- Any change in your normal bowel habit, especially if you are going more frequently or the faeces are loose.
- Abdominal pain, especially if severe
- A lump in your tummy
- Unexplained weight loss and tiredness.

If these symptoms persist for more than three weeks, you should always seek advice from your GP.

Having a Flexible Sigmoidoscopy



Phoenix Health Solutions LTD

ABOUT THIS LEAFLET-

Bowel problems are extremely common and can be difficult to diagnose without looking inside the lower gut. You have been advised to have a flexible sigmoidoscopy to help find the cause of your symptoms. The purpose of this leaflet is to tell you what to expect so that you do not need to worry.

WHAT IS A FLEXIBLE SIGMOIDOSCOPY?

A flexible sigmoidoscopy is a test which allows the endoscopist to look directly at the lining of the back passage (the rectum) and the lower part of the bowel (sigmoid colon). To do the test, an endoscope is carefully passed through the anus into the large bowel and is often passed into the descending colon. The endoscope is a long flexible tube with a bright light and video chip at the end. The view through the endoscope is often displayed on a TV screen, so you may be able to watch the procedure yourself. Looking at the TV screen, the endoscopist gets a clear view of the lining of the bowel and can check whether any disease is present. Sometimes the endoscopist takes a biopsy or possibly remove polyps during the colonoscopy. Polyps are abnormal projections of tissue like warts which the endoscopist will want to examine in more detail.

A flexible sigmoidoscopy is generally a simple and straightforward test which takes about 10 minutes but may be longer, depending upon the circumstances. Most people have the procedure carried out without sedation.

WHAT SHOULD YOU EXPECT?

To allow a clear view, your lower colon must be completely empty of waste material. If it is not, certain areas may be obscured and the test may have to be repeated. The hospital will give you detailed instructions about clearing the colon. When you come to the department, the endoscopist will explain the test to you and will ask you to sign a consent form. This is to ensure that you understand the test and its implications.

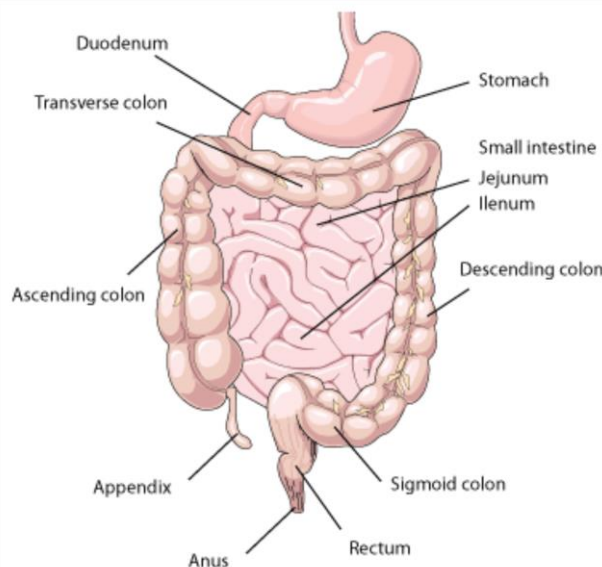
Please tell the endoscopist or nurse if you have had any allergies or bad reactions to drugs or other tests. They will also want to know about any previous endoscopies you may have had or of any other medical conditions which you have suffer from and any medication which you may be taking. If you have any worries or questions at this stage, don't be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering your queries. You will be asked to undress and put on a hospital gown. You may also be asked to remove any jewellery or metal objects in case a special piece of equipment called a diathermy unit is used.

THE EXAMINATION

In the examination room, you will be made comfortable on a couch, resting on your left side, with your knees slightly bent. A nurse will stay with you throughout the test. General anaesthetic is not necessary for a flexible sigmoidoscopy and in fact, the procedure is best performed with you awake as you may have to change your position during the test to help the endoscopist perform a thorough examination. Sedation can be used however to relax you and make the procedure more comfortable. The nurse will probably attach a small device to your finger or thumb, in order to record your pulse rate and monitor your general condition during the examination.

When the sigmoidoscope has been gently inserted through the anus into the large bowel, air will be passed through it to distend the colon to give a clearer view of the lining. This may give you some wind-like pains, but they will not last long. You may get the sensation of wanting to go to the toilet, but as the bowel is empty, there is no danger of this happening. You may pass some wind but although this is embarrassing, remember the staff do understand what is causing it.

It usually takes up to thirty minutes for the colon to be examined, but the test sometimes lasts longer. X-Ray equipment may also be used. When the examination is finished the tube is removed quickly and easily. It usually takes around ten minutes.



RISKS

One of the main risks associated with this test is over-sedation and you will be monitored closely throughout and after your test for signs of this. There is also a risk of perforation, creating a hole in the bowel which may require surgery. This occurs in approximately 1 in 1000-2000 procedures. The risk is increased if a polyp has to be removed to around 1 in 300 procedures. If a polyp is to be removed, there is a risk of bleeding and we can use an electrical current (diathermy) to prevent this. Bleeding can occur up to 10 days after the procedure— if it does occur, please notify your GP/Hospital.

GOING HOME AFTER THE EXAMINATION

If you are going home after the test, it is essential that someone comes to pick you up. Once home, it is important to rest quietly for the remainder of the day. Sedation last longer than you think so you should not:

DRIVE A CAR—OPERATE MACHINERY—DRINK ALCOHOL

The effects of the test and injection should have worn off by the next day when most patients are able to resume normal activities. After the examination you may have discomfort with wind for 24 hours afterwards.

THESE ARE SOME OF THE CONDITIONS YOUR DOCTOR MIGHT BE LOOKING FOR INSIDE YOUR BOWEL:

Polyp: This is a projection from the surface of the bowel. It can be on a stalk, although sometimes it can be flat. The doctor may take a biopsy of this.

Diverticular Disease: This is when there are small pouches or pockets extending from the surface of the bowel and is very common as one gets older.

Colitis: This is when the lining of the bowel becomes inflamed and often causes bleeding and loose motions.

Cancer: If bowel cancer is suspected biopsies will be taken. The endoscopist will explain what will happen next after the procedure is complete.