

FLEXIBLE SIGMOIDOSCOPY INFORMATION SHEET

WHAT IS A FLEXIBLE SIGMOIDOSCOPY?

Sigmoidoscopy is an examination of the lining of the last segment of the colon (large bowel).

The flexible sigmoidoscope is a long flexible tube with a tiny video camera on the end, and thousands of tiny glass fibres to transmit light to the tip. It is passed through the anus and around the last segment of the colon (the sigmoid colon). The lining of the colon can be directly visualised on a video screen or eye piece. If polyps are seen, they can usually be removed during the examination. The area is also checked for other abnormalities such as the presence of blood, narrowings, diverticula (pockets) or inflammation.

Sigmoidoscopy may be recommended:

1. To look for causes of blood loss from the bowel.
2. To determine the extent and severity of inflammation of the colon.
3. To check for polyps.
4. To re-examine the colon after a polyp or cancer has been removed and to check that no new growths have developed.

WHAT IS A POLYP?

A polyp is a mass or lump on the wall of the colon. It is an overgrowth of glandular cells in the lining of the colon. Adenomatous polyps have the potential to turn cancerous. It takes a period of years for a polyp to turn into a cancer.

The cause of polyps is unknown. If your family members have had polyps or colorectal cancer, your risk of developing the disease is higher. Also, if you have had a polyp or cancer in the past, you are more at risk of developing future polyps or cancer. Research suggests that polyps and colorectal cancers are less likely to occur if you have a diet high in fibre and calcium, and low in animal fats. When a polyp is found, it should be removed and examined by a Pathologist. When one polyp is found there is a 40% chance there will be others present in the bowel so it is important to examine the entire colon. This means that you will probably need to have a further examination in the future to examine the entire colon, not just the sigmoid region. This is called a colonoscopy.

PREPARATION FOR FLEXIBLE SIGMOIDOSCOPY

It is most important that the last part of the bowel and rectum is completely clean. The cleaner the bowel, the easier and more thorough the examination will be. You will be required to have an enema (a small amount of liquid which is squirted into the rectum to cause a bowel evacuation). This may be done in the Hospital about one hour before your procedure.

Please notify the nurse at The Endoscopy Clinic of any allergies, if you have any artificial joints, an artificial heart valve, if you are on Warfarin or other blood thinning agents, Lithium or a Diabetic.

THE EXAMINATION

The examination is usually carried out on an outpatient basis. It is not normally a painful procedure, however some discomfort may be felt when air is introduced into the bowel or the when the scope is gently manoeuvred around the corners of the bowel. The procedure usually lasts about 20 minutes. You will be positioned on your left side for the examination.

A light sedative may be given to you prior to commencement of the examination. This is given through a vein, and will help control any discomfort during the examination. It is not compulsory, and you may choose not to have sedation.

ABOUT SEDATION (if given)

- It is not a general anaesthetic, i.e. you are not unconscious.
- Usually a combination of two drugs are used, to induce relaxation and control discomfort.
- Your heart rate and oxygen saturation levels will be monitored throughout the procedure.
- You will probably feel drowsy and may fall in to a light sleep, though you will rouse easily.
- The medications have an amnesic effect – your memory of the procedure and afterwards will be distorted or even lost for up to 24 hours.
- You should not drive, operate heavy or potentially harmful machinery or make legally binding decisions for 24 hours after the sedation.
- **Sedation may trigger recall of past traumatic events of a sensitive nature. If you have any concerns about the invasiveness of this procedure, we would strongly recommend that you see your consultant prior to coming in for the investigation, so that alternative arrangements may be discussed.**

At the completion of the examination you will be taken to the recovery ward for a period of rest and observation. The usual recovery time is about one hour (recovery time may vary). It will be necessary for you to arrange for someone to collect you from Reception to drive you home if you have been given sedation. It is illegal to drive yourself following sedation.

The results of the sigmoidoscopy will be reviewed with you at the completion of the procedure and you will be given a written report. **You may have a hazy memory of the period during and just after the examination.** If you have any questions about the procedure, please do not hesitate to call us for a report. If a polyp or biopsy has been taken it will be sent to the laboratory and a report is usually available within 3-4 days. A copy of this report is sent to your GP also.

There may be a small amount of blood in the bowel movements for up to 4-5 days after the examination. If bleeding seems excessive or you have any questions, please contact us. It is not uncommon to experience abdominal discomfort after the procedure, caused by air being introduced in to the colon. We advise patients to pass wind as required to lessen abdominal griping. Paracetamol may be taken during this time.

COMPLICATIONS

Complications are **rare**. However, as with any diagnostic procedure, there are potential risk factors to be considered.

1. Bleeding – this can occur with any type of biopsy.
2. Perforation of the bowel – this may require surgical intervention.
3. Over-looked pathology – no investigation is 100% accurate. There is a small chance that a tiny polyp may be missed.

INCOMPLETE EXAMINATIONS

If for some reason the sigmoidoscopy is unable to be completed (due to discomfort, anatomy, poor preparation) you may be asked to have an additional investigation to complete the examination. This may be a CT scan (called a CT colonography). This investigation is usually done at St Georges Radiology. **THERE WILL BE A SEPARATE FEE FOR THIS INVESTIGATION** which will be charged from the Radiology Rooms (please phone them 3790 770 for an estimate for the price of this investigation). You will require a different type of bowel preparation for this examination.

FOLLOW UP

If you have a polyp you are in a high risk group and more likely to develop additional polyps. After a polyp is removed you are advised to have your colon examined again at regular intervals. This is called surveillance screening.

If you have any queries, please contact:

The Endoscopy Clinic
Level One, 9 Caledonian Rd
Christchurch
Ph 961 6666

You are encouraged to discuss this procedure with your family doctor.

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