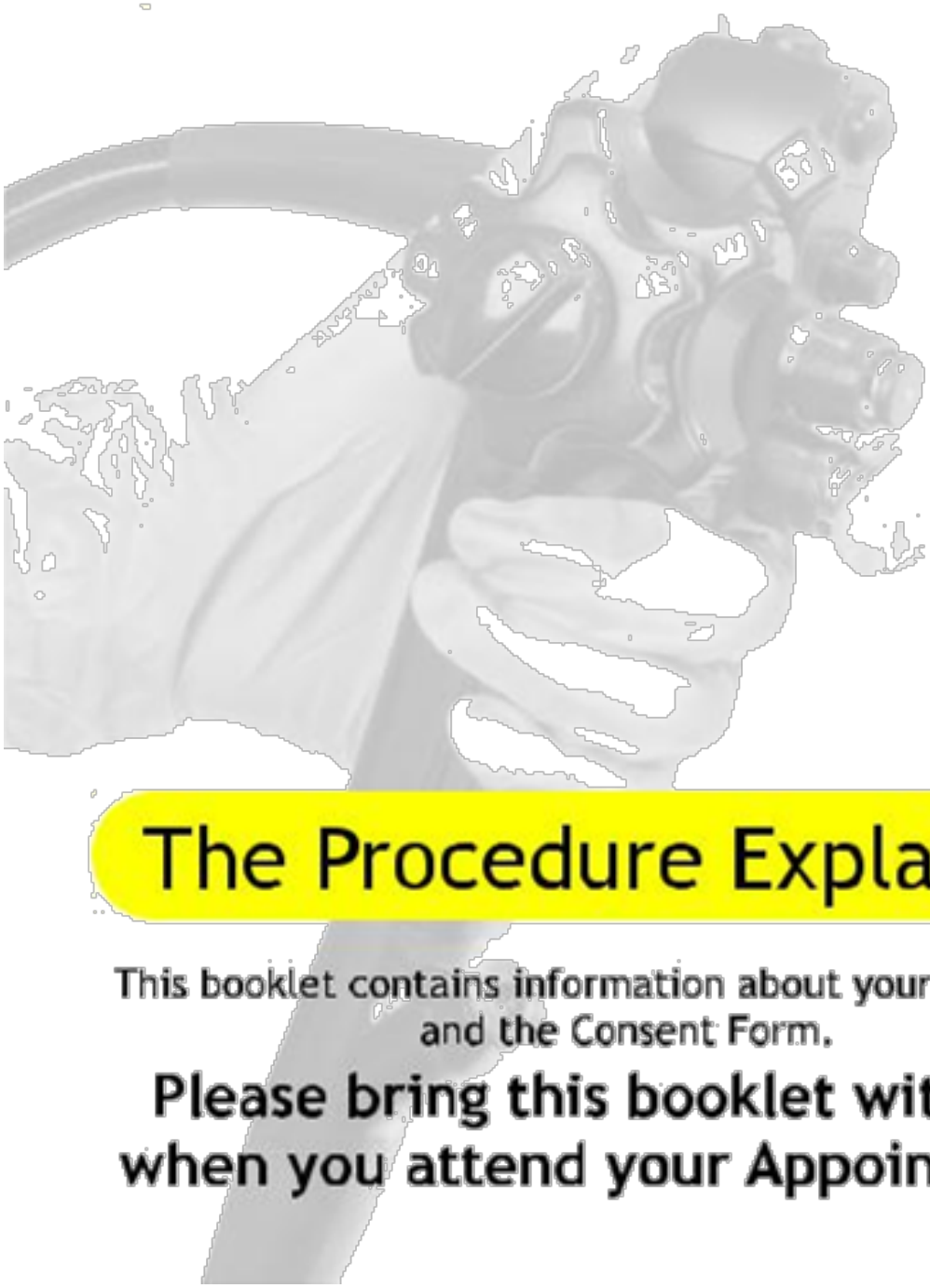
Flexible Sigmoidoscopy



The Procedure Explained

This booklet contains information about your Procedure and the Consent Form.

Please bring this booklet with you when you attend your Appointment.

Summary of Important Points

Please note that the time given to you is your arrival time and not the time of your procedure. The time taken to perform endoscopy procedures vary and emergency patients sometimes need to be accommodated. Due to this, there can sometimes be a wait before you are taken into the procedure room. The approximate length of time that you will be within the department is around 2 to 3 hours, but can be longer.

- If you are unable to keep your appointment, please notify the endoscopy administrative team **as soon as possible**.
- **Have you read this booklet?** You will need to do this before speaking to a member of the endoscopy administrative team for pre-assessment and arranging an appointment date and time. **You should also tell us if you require an interpreter**.
- Have you **signed the cololured Consent Form** at the back of this booklet?
- If you are able, you will need to administer your enema at home **one hour before** leaving for your appointment.
- **Do not** bring valuables with you. The hospital **cannot accept any responsibility** for the loss or damage to personal property during your time on these premises.
- Although rarely required, if you are having sedation, you will **not be permitted to drive home or use public transport on your own**, so you must arrange for a responsible adult to collect you. The nurse will need to be given their telephone number so that they can contact them when you are ready for discharge.
  Someone will also need to stay with you for at least 4 hours after leaving the department.

Please note that if you decide to have sedation **you are not permitted to drive, operate heavy machinery or sign any legally binding documents. You should also refrain from drinking alcohol or working for 24 hours following the procedure**.

This booklet has been written to help you to make an informed decision in relation to agreeing to the investigation. Attached to the booklet is a Consent Form (coloured pages).

The Consent Form is a legal document, therefore please read it carefully. Once you have read and understood all the information including the possibility of complications and you agree to undergo the investigation, **please sign and date the consent form (this can be done at home) and bring it with you to your appointment**. You will notice that a Welsh and English language copy of the Consent Form is included - please fill it in while it is still attached to this booklet. A copy will be available for you to keep a copy for your records.

If however there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken to a healthcare professional. Even if you have signed the Consent Form you can still change your mind about having the procedure at any time.

What is a flexible sigmoidoscopy?
This test is the most accurate way of directly looking at the lining of the left side of your large bowel. The instrument used in this investigation is called a flexible sigmoidoscope. Within each scope is an illumination channel, which enables light to be directed onto the lining of your bowel, and another which relays images back to a television screen. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary.

It will be performed by, or under the supervision of, a trained doctor or nurse endoscopist and we will make the investigation as comfortable as possible for you. Flexible sigmoidoscopy does not usually require sedation.

Why do I need to have a flexible sigmoidoscopy?
You may have been advised to undergo this investigation of the left side of your large bowel to try and find the cause for your symptoms, help with treatment, and if necessary, to decide on further investigation.

These may include: bleeding from the back passage; diagnosing the extent of inflammation in the bowel; follow-up inspection of previous disease; assessing the clinical importance of abnormalities found on x-ray.

A CT scan can be performed as an alternative, but has the disadvantage that samples of the bowel cannot be taken if an abnormality is found. If this is the case a subsequent sigmoidoscopy examination may still be required.

However, if you do not want to have a sigmoidoscopy test please inform the endoscopy administration team as soon as possible so your appointment can be offered to another patient.

Preparing for the investigation

Home preparation

In most cases, the left side of your bowel is cleaned using an enema. You have been (or will be) sent an enema with clear instructions which you will be able to administer to yourself at home **one hour before leaving** for your appointment. Please try and retain the fluid in your bowel for as long as possible (for about 10 minutes) before going to the toilet.

You may eat and drink normally up until the time you have the enema, after that you may have only clear fluids until after the examination. In some cases, the doctor requesting the sigmoidoscopy may have asked for full bowel preparation to clean your bowel. If this is the case then please follow the instructions on the enclosed bowel preparation sheet.

Hospital preparation

In special circumstances (*e.g.* patients with poor mobility) we can arrange for the enema to be administered by the nursing staff at the hospital upon your arrival in the endoscopy department. You will need to arrive early for this, to allow time for the enema to work before the procedure. **If this is required, please telephone the administration team to make arrangements**.

What about my medication?

You will be asked about any medications you take during your pre-assessment so please make sure you have a list available. **Your routine medication should be taken as normal unless advised otherwise or you are taking those detailed below:**

If you are on iron tablets you must stop these **1 week prior** to your appointment. If you are taking stool bulking agents (*e.g.* Fybogel, Normacol) or anti-diarrhoea agents such as Loperamide (Imodium)

or Codeine Phosphate, you must stop these **3 days prior** to your appointment.

What happens when I arrive?
When you arrive in the endoscopy department you should report to the reception area. Following this, a qualified nurse will call you into a side room to ask you a few questions regarding your medical condition and any past surgery or illness you have had, to confirm that you are sufficiently fit to undergo the investigation. They will also confirm your arrangements for getting home. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

Your blood pressure, heart rate and oxygen levels will be recorded and if you are diabetic, your blood glucose level will also be checked.

If you have not already done so, and you are happy to proceed, you will be asked to sign your Consent Form at this point.

Intravenous sedation
Sedation is rarely required for this procedure; if you feel that this might be needed please let the administrative team know before your appointment, as this can only provided by some endoscopists. A nurse or doctor will need to insert a cannula (small plastic tube) into a vein in your hand or arm, through which the sedation will be administered later, in the procedure room.

The sedation will make you feel relaxed and sometimes slightly drowsy, but **not unconscious (or 'knocked out')**. You will be in a state called conscious sedation: this means that you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation can sometimes affect your memory of the procedure but this is very variable. You will usually be aware of some discomfort but the endoscopist will try to keep this to a minimum.

Whilst you are sedated, we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure is also recorded. You will be given additional oxygen through your nose *via* a nasal cannula (tube).

The sigmoidoscopy investigation

In turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves. They will initially ask some questions as part of a routine safety checklist.

The nurse will ask you to lower your trousers/skirt and underwear, under a sheet. They will then ask you to lie on the trolley on your left side. The nurse will place the oxygen monitoring probe on your finger. The examination takes approximately 15 minutes to complete.

The sigmoidoscope is inserted through the anus and manoeuvred around the left side of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time but the endoscopist will try to minimise any discomfort. Air or carbon dioxide gas is passed into the bowel during the investigation to facilitate the passage of the colonoscope. This may make you feel bloated and give you the sensation you want to go to the toilet. You should tell the endoscopist or nurse if you want the procedure to stop at any point.

During the investigation, the endoscopist may need to take some tissue samples (biopsies) from the lining of the bowel for analysis: this is painless. The samples will be retained in the laboratory in case they are required again in the future. Photographs and/or a video recording may be taken for your records. In some patients polyps will be found. The endoscopist will decide whether to remove these during the procedure depending upon their size and appearance.

Completion and missed lesions

Sigmoidoscopy is currently the most accurate test that we have available to examine the left side of the colon, however there are several points we need to draw to your attention. Due to excessive looping or acute bends that can occur within the bowel, it is not always possible to complete the test. If this is the case the endoscopist will advise you if any alternative tests are required. Due to the corners and naturally occurring folds within the bowel, it is recognised that there is a risk of approximately 8 in 100 cases that a significant abnormality could be missed, even in the most expert hands. This risk is higher if the laxative has not completely emptied your bowel.

What is a polyp?
A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the intestinal wall by a stalk, and look like a grape, whereas others are flat without a stalk.

Some types of polyp, when found, are removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

Polypectomy
Polyps are removed in different ways depending upon their size. If small they may be removed using biopsy forceps.

For large polyps a snare (wire loop) is placed around the polyp, a high frequency electrical current (diathermy) is then applied and the polyp is removed.

Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting a fluid into the lining of the bowel under the polyp. This raises the area and allows the wire loop snare to capture the polyp.

Risks of flexible sigmoidoscopy and polypectomy
Flexible sigmoidoscopy is classified as an invasive investigation and because of this has the possibility of associated complications. These are very infrequent but we wish to draw your attention to them in order for you to make an informed decision about proceeding with the procedure. The clinician who has requested the test will have considered this, and the risks must be compared to the benefit of having the procedure carried out.

The risks are of mechanical damage from the endoscope, causing a perforation or tear in the lining of the bowel (about 1 in 1,500). There is an additional risk of perforation at the site where a polyp is removed. This is about 1 in 500 procedures but may be greater for larger polyps or after EMR.

Perforation may occur at the time of the procedure and may be dealt with immediately by the endoscopist but very occasionally it can occur up to 10 days after the polypectomy.

It is possible that a surgical operation may be required to deal with this. If you develop persistent abdominal pain or distension (swelling) after the test you should seek immediate medical advice.

Bleeding may also occur at the site of a biopsy or polypectomy. The risk is about 1 in 100-200 but is greater for larger polyps or EMR procedures. This is usually minor and dealt with at the time of the procedure but occasionally may occur several days after the procedure. If you pass a significant amount of fresh or altered blood after the test you should seek immediate medical advice. An operation is sometimes required to deal with this.

Clips

Sometimes small metal clips are used to reduce the risk of bleeding or treat bleeding or perforation when polyps are removed. They are painless to apply. They usually fall off after a few weeks and are passed naturally in the stool. However, it is important that you inform us if you are due an MRI scan within one month after your procedure, as clips may move during this test if still present.

Risks of Sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. These risks can be higher in older patients and those who have significant health problems (*e.g.* people with severe breathing difficulties) and so the endoscopist may need to discuss sedation with you in more detail before having the procedure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

After the procedure

You will be allowed to rest in the recovery area, and if necessary your heart rate and blood pressure may be repeated. It is normal to experience mild abdominal discomfort and bloating after the procedure. Before you leave the Department, the nurse or doctor will explain the findings and any medication or further investigations required. You will be informed if you require further appointments

If you have had sedation you will be allowed to rest for as long as necessary. Your blood pressure and heart rate will be recorded. Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Once you have recovered from the initial effects of any sedation, you will be moved to a comfortable chair and offered a hot or cold drink and biscuits. Before you leave the department, the nurse or

endoscopist will discuss the findings and any medication or further investigations required. They will also inform you if you require further appointments.