What happens if I decide not to have a flexible sigmoidoscopy?
Your doctor may not be able to confirm the cause of the problem. If you decide not to have a flexible sigmoidoscopy you should discuss this carefully with your doctor.

Who can I contact if I have any questions?
Please do not hesitate to telephone the department on 01442 287 968 for Hemel Hempstead Hospital or 01923 436 095 for Watford General Hospital (8.00am – 6.00pm Monday to Friday).

If after the investigation you experience severe tummy pain or bleeding (more than an egg cup full), please attend your nearest acute Accident and Emergency department taking with you a copy of your Endoscopy report and this leaflet. Do not drive.

- Accident and Emergency at Watford on 01923 217 256 or your nearest Accident and Emergency.
- Please note: there is NO Accident and Emergency at Hemel Hempstead or St Albans City Hospitals.

Other sources of information: www.bsg.org.uk

If you need this leaflet in another language, large print, Braille or audio version, please call 01923 217187 or email pals@whht.nhs.uk

If you are taking blood thinning medications such as warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban, please leave a telephone message on 01442 287 811. There is a chance these may need to be stopped prior to the procedure. There is an answerphone facility and a specialist nurse will call you back as soon as possible.
What is a Flexible Sigmoidoscopy?
Flexible sigmoidoscopy is an investigation that allows us to look directly at part of your colon. A flexible tube is passed up your bottom and around the lower part of your colon. Through this tube we will be able to look for any abnormalities that may be present. If necessary, small tissue samples (biopsies) can be taken during examination for laboratory analysis.

Preparation
To allow a clear view the colon must be completely free of waste material. You will have been sent a laxative solution to drink the day before your examination. It is very important that you follow the instructions on the bowel preparation leaflet when you take this solution.

If you are taking iron tablets, stop these 7 days before your appointment. If you are taking blood thinning tablets (warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban) do not stop taking these but please inform the doctor at the time of the test. Please take all other medication as you usually would. Please also make sure you bring with you a list of all medications you are currently taking. This test can be done with or without you having sedation. It is for you to choose which you have. Please let us know when you arrive which you would prefer.

Having Sedation
Two kinds of sedation (drugs which make you feel more relaxed and comfortable) are available. The first sort of drug to be used is drug to relax you called midazolam (or similar). This may make you a little drowsy. The second drug used is fentanyl (or similar) which is a powerful painkiller similar to morphine. Sedation can given to you through a small cannula (plastic tube) placed into a vein in your arm or hand. With this type of sedation it will be necessary for you to have a sleep in the unit afterwards. It is also essential that you arrange for a responsible person to escort you home after the test. Failure to make these arrangements may result in the investigation being cancelled.

Because of the lingering effects of the drugs used it is important that, for the next 24 hours, you have someone to stay with you, you do not drive, return to work, operate machinery, sign any legal documents or drink alcohol. This is a legal stipulation and driving under the influence of intravenous sedation will invalidate insurance and potentially lead to a criminal offence. Please note that if you choose sedation you will be in the department for approximately 3 hours. Your escort may like to ring the department on the telephone number over 2 hours after your appointment time so a collection time can be agreed.

Sedation can be also be given to you as a gas called Entonox, (commonly known as Gas and Air) which you breathe in through a tube. This is a gas that works well to relax you and reduce discomfort. If you chose to have Entonox you will be asked to rest on the unit for half an hour after which time you are safe to drive, operate machinery and sign any legal documents.

Although both types of sedation are effective, some patients have a preference and indeed some patients use both entonox and sedation into a vein. Please discuss these choices with the nursing staff and endoscopist when you attend for your procedure so that we can ensure that you receive the most appropriate form of sedation.

What will happen?
Throughout the procedure you may experience some abdominal cramping and pressure from the carbon dioxide that is introduced into your bowel. This is quite normal and the gas is absorbed very quickly reducing discomfort. You may also get the sensation of wanting to open your bowel, but as the bowel is already empty there is little risk of this happening. During the procedure you may be asked to change your position (i.e. lie on your back).

Afterwards
After the procedure you are encouraged to rest for a short while before going home. You will be offered a hot drink and may get dressed as soon as you feel ready. For some time afterwards your tummy may feel bloated. This is caused by the carbon dioxide that was introduced into the bowel during the procedure. The discomfort should settle in a few hours but you may find walking around, massaging your tummy and passing wind helps. You may also find that you experience a small amount of bleeding from your bottom when you first have your bowels open following the investigation. This is quite normal and should soon settle.

Are there any risks?
Rarely a small hole in the colon wall can develop (perforation) or bleeding may occur. If no polyps are removed then the risk of a complication is one in every 5000 cases. When polyps are removed the chance of these complications increases with the size of the polyp so a bleed may occur once in every 150 cases or a perforation once in every 500 cases. If a complication does occur, observation in hospital is necessary and surgery may be needed. It is also possible for bleeding to occur for up to two weeks after the procedure. Although a flexible sigmoidoscopy is a very sensitive test, no procedure is 100% accurate and there is a small chance that abnormalities can be missed. This may occur 5 times in every 100 cases. If you are worried about any of these risks, please speak to your doctor or a member of the team before you are due to have this procedure.