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 cupfull), please attend your nearest acute Accident and Emergency department taking with you a copy of your Endoscopy report and this leaftet. 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 217 187** or email **pals@whht.nhs.uk**

Language | Large Print | Braille | Audio

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A guide to...

Having a Flexible Sigmoidoscopy and Insertion of Colonic Stent

If you are taking blood thinning medications such as warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban, please leave a telephone message on 01442 287811. 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.

Patient information

Endoscopy Unit

Watford General Hospital

What is a 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. The stent will be positioned by passing it through the tube. If necessary, small tissue samples (biopsies) can be taken during examination for laboratory analysis.

Preparation

You may eat and drink up to having the test done but we do suggest that you limit this to just a snack.

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)**, contact the unit immediately. 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 is usually done with sedation but can be done without. 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 overleaf before coming to collect you. Please ask them to ring two 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?

When you arrive the doctor or nurse will explain the procedure and answer any questions you may have. You will be asked to sign the consent form, giving us your permission to have the procedure performed. A nurse may administer an enema (a small amount of fluid inserted into your bottom). This will clear the waste matter from the lower part of your bowel to give a clear view. You will be taken into the investigation room on a trolley and placed in a comfortable position on your left hand side.

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.

When will I get the results of the procedure?

The doctor or nurse will talk to you at the end of the procedure explaining what has been found. The results of any biopsies will take several days to be processed and your GP will receive the results approximately 2 weeks after your appointment. It may then be necessary for us to arrange an out patient appointment for you.

Are there any risks?

A small hole in the colon wall can develop (perforation). If this occurs, observation in hospital is necessary and surgery may be required to seal the perforation. It is also possible for bleeding to occur for up to two weeks after the procedure, again admission to hospital would be required with possible surgery. These complications happen in about 10 in every 100 cases when stents are inserted. 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.

Are there any alternatives?

A flexible sigmoidoscopy is recommended as there are no alternatives that enable the endoscopist to relieve the blockage in your colon.

What happens if I decide not to have a flexible sigmoidoscopy and insertion of stent?

Your doctor may not be able to treat the cause of your problem. If you decide not to have a flexible sigmoidoscopy and insertion of stent you should discuss this carefully with your doctor.