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 287968 for Hemel Hempstead Hospital or 01923 244366, ext: 3134 for Watford General Hospital (9am – 5pm Monday to Friday).

If after the investigation you experience severe tummy pain or bleeding (more than an egg cupful) please attend your nearest acute Accident and Emergency department bringing with you a copy of your Endoscopy report and this leaflet.
- Accident and Emergency at Watford on 01923 217256 or your nearest Accident and Emergency.
- Please note: there is no Accident and Emergency at Hemel Hempstead or St Albans 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

A guide to...

Having a Flexible Sigmoidoscopy with Oral Bowel Preparation

Patient information
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 or ticagrelor) 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
Having sedation means that you will be made drowsy while you have the test (Please note this is not a general anaesthetic).

Two kinds of sedation are available:
1. Sedation can given to you through a small needle placed in the back of your 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 you have someone to stay with you and that you do not drive, return to work, operate machinery, sign any legal document or drink alcohol for 24 hours afterwards. 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.
2. Sedation can be given to you called Entonox, commonly known as Gas and Air. This is an anaesthetic gas that works well as an effective sedation. 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.

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. 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 air 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.

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.

Are there any alternatives?
A flexible sigmoidoscopy is recommended as it is the best way of diagnosing most problems with the lower section of the large bowl.

Other options include a barium enema (an x-ray test of the large bowel) or a CT colography (a scan of the large bowel) However, if your doctor finds a problem, you may still need a flexible sigmoidoscopy to treat the problem or perform biopsies.