

Flexible Sigmoidoscopy

This leaflet explains about your flexible sigmoidoscopy and how to prepare for this procedure, including how to cleanse your bowel and what medications you may need to stop. It also covers what you can expect when you come to hospital.

If you have been sent a consent form for flexible sigmoidoscopy, please read this and bring the signed document with you to your appointment.

Flexible sigmoidoscopies are booked at one of our three endoscopy sites: The Endoscopy Unit at St George's Hospital, the Day Case Unit at Queen Mary's Hospital, Roehampton or the Nelson Health Centre. Please refer to your appointment letter / appointment text for the location of your procedure.

St George's is a national training centre for endoscopy. Students and qualified trainees may be involved in your care. If you do not want students to be present, please inform the doctor or nurse when you are admitted.

What is a flexible sigmoidoscopy?

Flexible sigmoidoscopy is a camera examination of the lower bowel. It helps to find the cause of your abdominal symptoms and to diagnose and sometimes treat diseases of the bowel. The time taken to perform the procedure can be highly variable but most procedures are completed in 10 to 15 minutes. However, please allow up to three hours in the hospital for the whole process to be completed. We recommend that you bring a book or magazine with you to read whilst you are waiting.

The procedure is usually done without sedation as it is brief and well tolerated by many although sedation or Entonox (also known as 'gas and air' or 'laughing gas') can be given on request. If sedation is requested, please note that you will need to fast for six hours prior to your appointment and ensure you read the section below under "What happens after flexible sigmoidoscopy?" If you have Entonox, you will be able to go home 30 minutes after the procedure unaccompanied.

What are the risks?

This procedure is very safe, but there is a small risk of causing a potential complication:

- If a sedative is given, it can affect your breathing making it slow and shallow, however you will be closely monitored throughout the procedure and in recovery.
- During flexible sigmoidoscopy, there is overall less than a 1:5,000 chance of causing significant bleeding and / or perforation (unwanted tear in the bowel). Minor bleeding is to be expected if biopsies are taken and this bleeding usually stops spontaneously.
- If polyps are removed:

- The risk of significant bleeding is 1:200 – 1:1,000. If bleeding occurs during the procedure, it can usually be managed by the endoscopist.
- The risk of causing a perforation is 1:500 – 1:1,500. If a perforation occurs at the time of endoscopy, admission to hospital and treatment with antibiotics may be required.
- If significant bleeding and / or a perforation cannot be treated by the endoscopist, further intervention, including radiological embolisation (to stop bleeding) or surgery may be required.
- The risk of bleeding and / or perforation can remain for up to 14 days after the procedure. If you should experience significant bleeding and / or severe abdominal pain at home, you should seek medical help by contacting either the endoscopy unit where the procedure took place or your local A&E department.
- Overall, there is a 1:2,400 chance that a blood transfusion may be needed.
- There is a small risk of an abnormality being missed.
- On occasion, it will not be possible to complete the procedure. If this occurs, you may be offered the opportunity to have the procedure repeated on another day or an alternative investigation may be suggested.

Are there any alternatives?

A CT scan or CT Virtual Colonography are potential alternatives but are not suitable for all patients. If these detect a polyp or other abnormality, then further investigation may be required.

How can I prepare for flexible sigmoidoscopy?

A clear view of your lower bowel is required for this procedure to be successful, so it needs to be empty as possible. You will need to use an enema before your appointment.

The enema makes you go to the toilet to empty your lower bowel. You need to use it no later than one hour before you leave the house for your appointment. Please read the instructions on how to give the enema below.

- If you have not been provided with an enema, you can collect it from the endoscopy unit or purchase it from your local pharmacy. Please ask the pharmacist for a phosphate enema for a flexible sigmoidoscopy. **Please note** that your pharmacist may need to order it in for you, so leave adequate time for this.
- The effect of the enema wears off within an hour, so you don't need to worry about travelling to the hospital.
- Alternatively, if you feel unable to administer the enema at home, this can be performed in the endoscopy unit. Please inform the booking office if this is the case.
- Do not eat for 30 minutes before you use the enema and again until you've had your procedure. You can drink water but no other liquids.
- **Please note:** If you choose to have sedation, you must **NOT EAT FOR SIX HOURS** prior to your appointment and must stop drinking water two hours before.

- If you aren't sure about whether you should use the enema or need to speak to someone about how to use it, please contact us on the telephone numbers on page 6 of this leaflet under **Contact us**.
- If you are taking blood thinning medications such as Warfarin, Apixaban, Rivaroxaban, Dabigatran, Clopidogrel, Ticagrelor or Prasugrel, a nurse will call you with instructions on how to manage your medications. If you have not been contacted shortly before your appointment, please contact us on the phone numbers on page 6 of this leaflet under **Contact us**.
- Take other medications as normal, except iron tablets which should be stopped one week before your examination.
- Please bring a list of your regular medications and any inhalers or sprays with you.
- If you object to receiving blood products, we need to know in advance so please contact us on the numbers on page 6 of this leaflet under **Contact us**.

Advice for diabetic patients

If you choose to have sedation, the period of starvation can upset your diabetes temporarily. For further advice about your diabetes, please contact us on the telephone numbers on page 6 of this leaflet under **Contact us**. Alternatively, you may wish to contact your diabetic nurse.

Enema instructions

1. **Have a plastic bag ready to dispose of the enema after use. Take the enema out of the box and remove the orange protective shield by pulling the shield gently while holding the bottle upright and grasping the grooved cap with your fingers.**
2. **You can use a little Vaseline or cooking oil to lubricate the tip if you wish.**
3. **Lie down close to the toilet, for example in a nearby bedroom. Lie on your left side if possible. You may like to lie on a towel. Draw your knees up towards your chest. See Figure 1.**



4. **Gently insert the enema tip into your bottom (anus) with the tip pointing towards your navel. Insert as much of the tube as you can comfortably.**
5. **Use gentle pressure to squeeze the liquid into your bottom. Stop squeezing if you feel any resistance. You might not empty the whole container.**
6. **Remove the enema from your bottom. Put the used enema in the plastic bag for disposal.**
7. **Stay lying down and try to hold the liquid inside you for as long as you can before going to the toilet (around 10 minutes if possible).**

- 8. If you do not get the desired effect, please still attend the hospital for your appointment.**

What happens on the day of the procedure?

On arrival at the endoscopy unit

- A nurse will check your details, including medications and allergies.
- If you have already signed the consent form, you will have the opportunity to ask any final questions with the endoscopist before the procedure. If you have not yet signed the form, the procedure will be explained and you will be asked to sign a consent form.
- You will be asked to change into a gown and privacy shorts.
- If a home enema has not been possible, an enema will be given with the assistance of a nurse.

What happens during flexible sigmoidoscopy?

- The procedure is brief and is usually easily tolerated without sedation. However, if you have chosen to have sedation, the sedative injection is given. It makes you relaxed but usually not asleep. It can in some patients affect memory of the procedure.
- An alternative to sedation is an inhaled short-acting pain relief called Entonox (gas and air). If you have Entonox, you will be able to go home 30 minutes after the procedure unaccompanied. Please note that Entonox is not suitable for all patients including those taking methotrexate or with certain lung conditions or who have had certain eye / ear procedures. For more information about Entonox, please go to the link on the St George's Hospital website: [GAS_ENTO.pdf \(stgeorges.nhs.uk\)](http://stgeorges.nhs.uk/GAS_ENTO.pdf)
- The flexible sigmoidoscope is gently inserted via your anus into the lower bowel and carbon dioxide gas is introduced. You may feel discomfort as if you want to go to the toilet and short-lasting cramps can occur. Your bowel should be empty from the laxative preparation so please do not worry about this. Your comfort will be assessed throughout the procedure and steps taken to minimise discomfort as much as possible.
- A biopsy (tissue sample) may be taken or a polyp (small growth on the bowel wall) may be removed during the procedure. You cannot feel this but you can often visualise what is happening if you choose to do so.

What happens after flexible sigmoidoscopy?

Most patients can go home immediately after the examination, however if you have had Entonox or sedation, you will be taken to the recovery area where you will be monitored for 30 to 45 minutes. After this you will be able to get dressed and have some refreshments. A nurse will give you a copy of the endoscopy report as well as some important discharge advice. A normal diet can be resumed once the procedure is complete.

If you have had sedation, you will not be allowed to drive and must arrange for someone to accompany you home. The medication given will prohibit you from driving for 24 hours after the examination. Please do not plan to take public transport home unless accompanied.

If you are unable to arrange transportation, we can arrange a taxi to take you home however you are responsible for the fare. You will need a responsible adult at home for at least 12 hours.

If you have had no sedation or Entonox, you can leave unaccompanied.

Asking for your consent and signing the consent form

It is important that you feel involved in decisions about your care. If you have been sent a consent form with your appointment letter, please take the time to read this before your appointment. If you agree with and understand the procedure you are attending for, please sign the consent form and bring it with you to the appointment. You will have the opportunity to ask any questions before the procedure.

If you have not received the consent form, the information will be explained and you will be asked to sign a consent form before your procedure.

You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

FREQUENTLY ASKED QUESTIONS

Will I feel any pain?

You may feel some discomfort from the gas that is pumped into the lower bowel so that the endoscopist can view the lining adequately as well as some mild cramping. This is not usually painful. Sedation, if requested, can be given. It consists of an injection before the procedure that causes relaxation. Entonox (gas and air) is an inhaled pain relief and is available as an alternative.

Where do I go for the test?

Please see your appointment letter for the location of your appointment and the hospital address below:

St George's Hospital, Blackshaw Road, London, SW17 0QT.

Please go to the Endoscopy Unit, first floor, St James' Wing.

Queen Mary's Hospital, Roehampton Lane, London SW15 5PN.

Please present at the main reception and you will be directed to the Day Case Unit.

Nelson Health Centre, Kingston Road, London SW20 8DA.

Please present at main reception and you will be directed to the Endoscopy unit.

Is there parking at the hospital?

At St George's Hospital the car park entrance is located on Blackshaw Road.

Queen Mary's Hospital and the Nelson Health Centre each have a car park on site.

Please ensure you check the rates before parking.

Results / Will I have a follow-up appointment?

Upon completion of the test the findings will be discussed with you. We will be able to tell you of any visual findings, however any samples will need to be sent to the laboratory for testing. This can take up to four weeks. A copy of the report will be sent to your referring doctor and your GP. If required, a follow up appointment will be requested and this will be sent to you through the post.

Contact us

If you have any questions or concerns about your procedure, please contact us:

For appointments at St George's Hospital or the Nelson Health Centre call:

The Endoscopy Unit on 020 8725 1913 Monday to Friday 9am to 5pm.

For appointments at Queen Mary's Hospital call:

The Day Case Unit on 020 8487 6466 Monday to Friday 9am to 5pm.

Preparation checklist

- Make a note of the date of your appointment.
- This procedure is usually well tolerated without sedation, however if you are planning to have sedation arrange for a friend or relative (18 years of age or older) to escort you home after your appointment and be with you for at least 12 hours.
- If you are taking medications for diabetes (only if fasting) or to prevent blood clots, please follow the instructions provided by the nurse. If you have not been contacted, please contact us.
- Stop eating 30 minutes before you have your enema at home until after your procedure. You can continue drinking water.
- If you have sedation, you will need to STOP EATING six hours before your appointment.
- Self-administer your enema no later than one hour before leaving home for your appointment.
- Bring your signed consent form with you to your appointment.

Useful sources of information

[Tests and next steps for bowel cancer - NHS \(www.nhs.uk\)](http://www.nhs.uk)

including further explanation with video about flexible sigmoidoscopy.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm
Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times. The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

Reference: GAS_FS_04 **Published:** August 2023 **Review date:** August 2025

