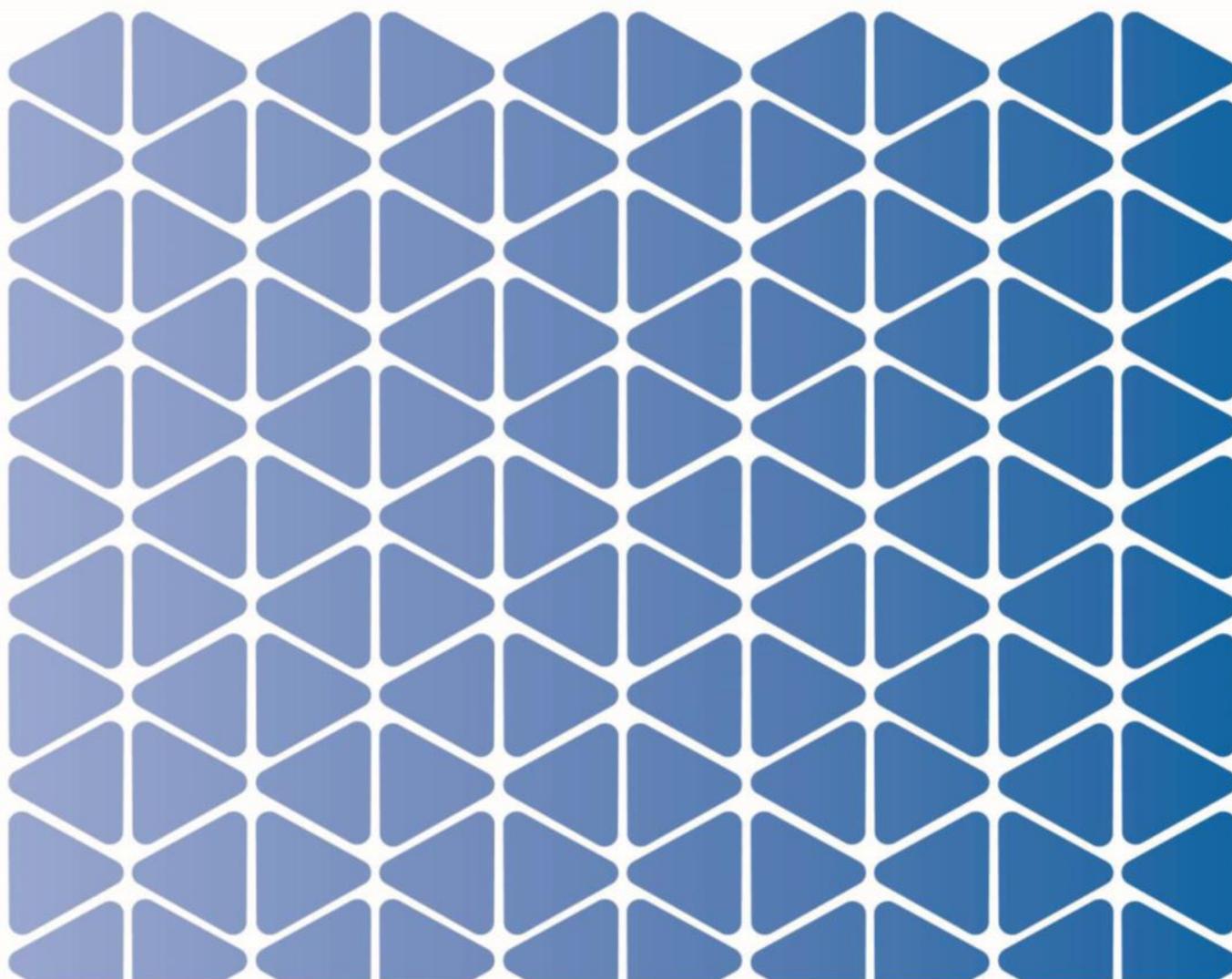




PATIENT INFORMATION
ENDOSCOPY UNIT

FLEXIBLE SIGMOIDOSCOPY (WITH ENEMA)



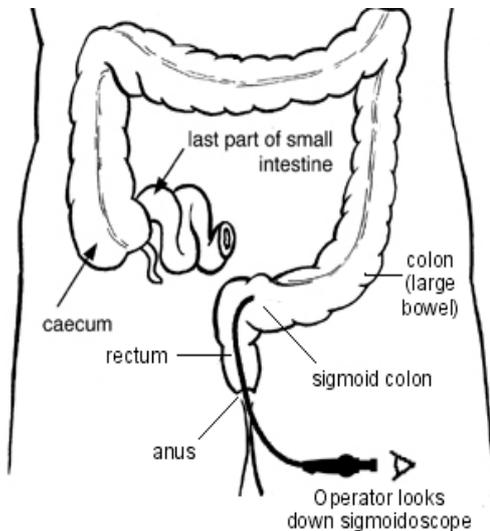
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Why do I need a flexible Sigmoidoscopy?

It has been recommended that you have a flexible sigmoidoscopy to help find the cause of your symptoms. The aim of the procedure is to assess the lining of your bowel to see whether there are any problems and decide if you need further treatment.



What is a flexible sigmoidoscopy?

- A flexible sigmoidoscopy is a procedure which allows us to assess the lining of the last part of the large bowel.
- To perform this examination, we will gently pass a sigmoidoscope through your anus into your large bowel. The sigmoidoscope is a long flexible tube with a bright light at the end, which is about the thickness of your index finger.

Sometimes we will take a biopsy. This is a sample of the lining which we will examine in the laboratory. We will remove this small piece of tissue painlessly using tiny forceps through the colonoscope. It is also possible to remove polyps during the colonoscopy. Polyps are small growths of extra tissue on the bowel wall, which we will want to examine in more detail after we remove them.

What do I need to do to prepare?

- For a successful procedure, it is important that your bowel is completely empty of waste material.
- If your bowel is not clear, the Endoscopist might miss something important or have to repeat the procedure.
- To clear your bowel of waste material we will give you an enema on arrival. You will be taken into a private area; you will be asked to lie on your left side. An enema involves inserting a solution into your rectum to empty your bowel. It will make you feel like you want to go to the toilet, we advise you to hold onto the fluid for about 5 minutes to ensure that the enema works effectively.
- Your doctor may decide to give you oral bowel preparation to drink at home before coming in for the procedure. Please follow the instructions enclosed with the laxative drugs carefully.

Eating and drinking

- You can eat and drink as normal up to your procedure time.

Medication:

Continue to take your normal medicines up to and including the day of your procedure.

- **Blood thinning medication:** If you are taking blood thinning drugs, these can cause a risk of excessive bleeding when we perform your camera test or take any tissue samples. Please be aware that the ERCP procedure is a higher risk therapeutic procedure and you will need to stop taking blood thinners at least 5 days prior to your appointment.
- **Warfarin**
 - If you are taking Warfarin, please continue to take your normal medication but please ensure that your INR level is below 3. This needs to be checked two days prior to the day of your procedure. Please don't stop taking this unless you have been advised directly to stop.
Phenindione, Rivaroxaban, Apixaban, Dabigatran, Edoxaban Prasugrel, Ticagrelor or Clopidogrel
 - Please do not take any of these drugs on the morning of your procedure, unless you have been given specific instructions otherwise.

IF YOU ARE INVOLVED IN THE BOWEL CANCER SCREENING PROGRAMME PLEASE FOLLOW THE VERBAL AND WRITTEN INSTRUCTIONS THAT HAVE BEEN PROVIDED TO YOU BY THE SPECIALIST SCREENING PRACTITIONER.

IF YOU TAKE LONG TERM STEROIDS OR HYDROCORTISONE FOR ADRENAL INSUFFICIENCY PLEASE RING THE RELEVANT DEPARTMENT AND SPEAK TO A NURSE IF THIS HAS NOT ALREADY BEEN ADDRESSED.

Iron tablets

- **If you are taking iron tablets, you must stop** taking these **7 days** before the examination. You will be able to start taking them again once the procedure is done.

Oral contraceptives

- If your doctor has requested you take oral bowel cleansing agent, you should take alternative precautions during the week after the administration of the oral bowel cleansing agent

We will need to know if you feel unwell when you are due to come into hospital for your procedure. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

If you have diabetes:

As you do not need to fast for this procedure, also continue with your medication as you usually take it. If you monitor your blood glucose continue to do so on day of your test.

You may have been given a patient health questionnaire to fill in at home (please bring this back with you) alternatively, you will be asked to complete this with a nurse on arrival. Please bring a list of any medications you are taking and any medication you may need to take after your test.

General Information:

- Please remove any body piercings and jewellery before you leave home.
- Please do not bring valuables or money with you as Worcestershire Acute Hospitals NHS Trust cannot accept responsibility for these items.
- Please do not wear any nail varnish, lipstick or false nails. Please do not use any fake tan or body lotion on the day of your procedure.
- Due to the nature of this procedure, you may find wearing loose-fitting casual clothes more comfortable to travel home in.
- Your procedure may be performed by trainee doctors or other health professionals under the careful supervision of a Senior Doctor. You can decline to be involved in the training of trainee doctors and other health professionals – this will not affect your care or treatment.
- Our aim is to run the Endoscopy lists as close as we can to time, however the time taken to complete procedures can vary; delays are possible with some procedures; acutely unwell/emergency patients may need to have their procedure performed in advance of planned patients. All of these issues can cause some delays.

What will happen on the day of my procedure?

Before the procedure you will be welcomed and assessed by an Endoscopy Nurse. Bring your medicines or prescription and the patient health questionnaire. We will need to know if you suffer from any other medical conditions, allergies or past operations etc. The nurse will discuss the procedure with you, take your pulse, blood pressure and confirm that you wish to go ahead with the procedure. Your appointment time takes into account the time required to admit you to the unit by the nurse. You should expect to be with us for around 3-4 hours including waiting and recovery time.

Sedation:

This procedure does not usually require a sedative, but on some occasions it can be necessary to sedate you; this will be done by giving you a sedative drug by injection through a small tube (venflon) in the back of your hand. This is **NOT** a general

anaesthetic, the sedative will not put you to sleep but helps to relax you; it is known as conscious sedation and as such you should be able to respond to verbal commands.

Please be aware you cannot have sedation unless you have a responsible adult who will accompany you home and care for you for a minimum of 12 hours. You must not drive yourself for 24 hours. If you fail to make appropriate arrangements for someone to accompany you home, we may have to cancel your procedure or offered gas and air or discuss not having any medication for your procedure.

Entonox is available on all sites.

You may be offered Entonox (50% Oxygen and 50% nitrous oxide) as an alternative to sedation, this is a pain relief self-administered by the patient (gas and air) **(please read additional leaflet on Entonox)** you will be assessed for suitability on the day of your procedure, not everyone is suitable.

What will happen during my flexible sigmoidoscopy?

In the Endoscopy room you will be made to feel comfortable on a trolley, resting on your left side. A nurse will stay with you throughout the examination.

- A nurse will attach a small device to your finger to monitor your pulse rate and general condition during the examination. If the doctor has agreed to use sedation, we will then give you a sedative injection and oxygen throughout the procedure.
- If you choose Entonox you will be offered the mouth piece
- When the sigmoidoscope has been gently passed in your anus, air will be passed through it to expand your bowel to give a clear view of the lining. This may make you feel bloated. The feeling will pass because most of the air will be removed as the sigmoidoscope is removed from your bowel.
- The procedure generally takes between 10 and 20 minutes to complete.
- If necessary, we will take small tissue samples (biopsies) through the sigmoidoscope. It is possible that we will be able to remove polyps during the procedure and send them to the laboratories for analysis. It is unusual for either of these procedures to be painful.

What will happen after my flexible sigmoidoscope?

- After the procedure, you may feel a little bloated with wind pains but these usually settle quite quickly.
- If you do have sedation, you will need to recover on the Endoscopy Unit for about an hour.
- You will be offered a drink and a light snack by staff. If you prefer to bring your own food, please do so.

- We will discuss the findings of the procedure with you before you go home. If you have had sedation, the results of your procedure will be discussed with you and the person taking you home with your consent.

Leaving the hospital:

After Sedation only

- Once you get home, it is important to rest quietly for the rest of the day. This is very important if you have been sedated, sedation lasts longer than you think.
- You must have a responsible adult who will accompany you home and care for you for a minimum of 12 hours. You must not drive yourself for 24 hours, sign any legally binding documents, take sleeping tablets, work at heights – including ladders, use machinery or drink alcohol.
- The effects of the sedative injection should wear off within 24 hours, when most patients are able to carry out normal activities again; if you work we do advise you to have the following day off.

No sedation or Entonox

- If you do not have sedation, you will be able to make your own way home or back to work with no restrictions.

Analysing the biopsy/polyps removed:

- We will normally send any biopsies or polyps removed to the laboratory in the hospital for tests. The results can take up to 4 weeks to get to your GP.

Risks of the procedure:

A flexible sigmoidoscopy is usually safe but in rare cases it can cause harm to the bowel. According to our national guidance there is a risk of:

- Bleeding which occur about 1 in 1000 on cases or from where polyp has been removed occur less than 1 in 200 cases for polyps larger than 1cm but it is usually easy to stop during the procedure. Rarely, the bleeding is more difficult to stop and means that the person needs to be admitted to hospital or require blood transfusion. This happens to about 1 in every 2000 people having a flexible sigmoidoscopy.
- Perforation, even more rarely, flexible sigmoidoscopy can cause a small tear in the bowel (perforation). This happens to about 1 in every 5000 people having a flexible sigmoidoscopy and about 1 in 500, if a polyp is removed.

If you have bleeding that is difficult to stop or a tear in your bowel, you will be admitted to hospital straightaway. Some people will need surgery to repair their bowel.

- Risk to life occurs approximately 1 in 15,000.

- Missed polyps, growth or bowel disease
- Not completing the procedure on some occasions, this is due to technical difficulties, such as bowel preparation not working effectively making it difficult for the endoscopist to examine.
- Side effects such as bloating and abdominal discomfort (this is not unusual for a few hours following the procedure), reactions to the laxatives given, loose bowel actions for 24 hours after the procedure and reactions to medications given.

Kidderminster Hospital or Evesham Community Hospital, to deal with any problems that arise during or after your procedure we may need to transfer you to the Alexandra Hospital in Redditch or the Worcestershire Royal Hospital in Worcester.

Contact Details:

If you have any specific concerns about your procedure, that you feel have not been answered and need explaining, please contact the following:

Alexandra Hospital Redditch

- Booking Office – 01527 505751
- Endoscopy Nursing Staff – 01527 512014

Evesham Community Hospital

- 01386 502443

Kidderminster Hospital

- Booking Office – 01562 826328
- Endoscopy Nursing Staff – 01562 513249

Worcestershire Royal Hospital

- Booking Office – 01905 760856
- Endoscopy Nursing Staff – 01905 733085

Other Information:

The following internet websites contain information that you may find useful:

- www.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information on fact sheets on health and disease (Diagram taken from website)
- www.nhsdirect.nhs.uk
On-line health encyclopaedia and best treatments website

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.