

Endoscopy Unit

Patient information

Flexible sigmoidoscopy (Home enema)

THIS PROCEDURE REQUIRES YOU TO STOP SOME MEDICATIONS UP TO 7 DAYS BEFORE YOUR PROCEDURE.

This document contains essential information about your upcoming investigation and should be read immediately.

Please contact the nurse helpline straight away if you:

- **May be pregnant,**
- **Have a pacemaker**
- **Have an implantable cardiac defibrillator.**
- **Take Rivaroxaban, Apixaban, Edoxaban, Dabigatran or any other blood thinning medication Warfarin Clopidogrel**
- **Have chronic kidney disease**

Useful contact numbers:

Endoscopy Nurses: 020 8934 3633/2363 (2pm. – 4pm.)

Call for questions relating to your procedure/medication/preparation for your test, which is not included in this leaflet and needs to be answered before you attend your appointment.

To re-schedule/cancel appointments only.

Your appointment is valuable, if you need to re-schedule your appointment, please give as much notice as possible, preferably a minimum of 10 days' notice; this allows us to offer this appointment to another patient.

Please note the booking team cannot answer clinical questions relating to your procedure or your medication. **Endoscopy Booking Team: 020 8934 2099 option 2. Calls taken 09:30-11:30 only**

Kingston Hospital NHS Foundation Trust

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Flexible sigmoidoscopy Information for patients

If you have any questions we will be happy to answer these when you come for your appointment. If you wish to discuss any aspect of your clinical care in private then please ask. We always endeavour to see you close to your appointment time to minimise any delays, however, this may not always be possible, but, we will keep you informed of any significant delays. Please allow up to 2-3 hours in total for your visit.

The procedure will be performed by or under the supervision of a trained Endoscopist.

What is a flexible sigmoidoscopy?

It is a procedure to look at the inside of the left, lower part of your colon (large bowel) using a flexible telescope. (See figure 1).

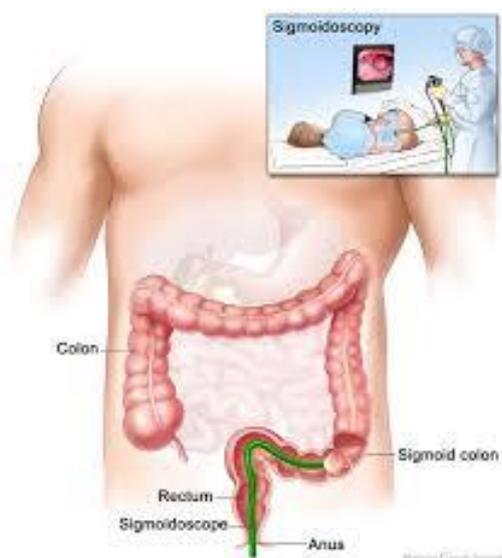


Figure 1

Are there alternative investigations?

Alternative investigations are possible using a CT scan; however this can be less sensitive in detecting small lesions and has the disadvantage that biopsies cannot be taken for further investigation. If an abnormality is found using a CT scan a subsequent investigation with a flexible sigmoidoscopy or colonoscopy may be required.

Are there any risks?

The investigation is safe, but there are some risks which include:

- The Sigmoidoscope may cause damage known as a perforation (a tear/hole in the lining of the bowel). The risk of this is approximately 1:5000 procedures. This typically requires an operation to repair, and may involve forming a stoma (your bowel opening onto your skin).
- The risk of perforation is 1:500 when a polyp is removed.
- Bleeding may occur following a polyp removal. Occasionally this can be excessive and require further colonoscopy, surgery, and or transfusion 1:100 for large polyps 1cm and bigger.
- There is a 10% risk that a polyp or other abnormality may be missed during the investigation.
- Occasionally it is not possible to complete the examination.

IT IS IMPORTANT THAT YOU FOLLOW ALL INSTRUCTIONS CAREFULLY WHEN PREPARING FOR YOUR PROCEDURE

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PREPARATION FOR FLEXIBLE SIGMOSCOPY

7 days before the procedure

- Stop any iron tablets 7 days before your procedure
- Stop stool bulking (e.g. Fybogel) or anti diarrhoea (e.g. Codeine, Imodium) medication 7 days before your procedure.
- If you take any other blood thinning medication please contact the endoscopy unit 0208934 3633, - **if you have not been given advice regarding this. It is very important that you do not stop these medications without medical advice.**
- **If you take Warfarin we will check your INR with a small finger prick before your procedure.**

Diabetes

- If you have diabetes it may be necessary to adjust your treatment whilst preparing for this test. **Please discuss this with your GP or Diabetes nurse specialist at least 3 days before your test.**
- If you take **Insulin**, you should have an early morning appointment **DO NOT** take your Insulin before your procedure.

On the day of your procedure

- You may have a light meal 6 hours before your procedure; you must drink plenty of **water only up to 2 hours** before your appointment time, after this you must not eat or drink anything.
- On the morning of the test, please take your regular medications with water unless advised not to.
- Please bring a list of any medications you are currently taking. If you use asthma inhalers or angina sprays it is important to bring these with you.
- You will need to give yourself an enema at home.

Enema at Home

How to prepare for your flexible sigmoidoscopy

To get clear views of the bowel during your examination the lower part of your bowel must be empty. To do this you will need to have an enema at home before you come to the Endoscopy Unit. An enema is a liquid that is passed into the back passage (rectum) and this will make you open your bowels.

Please follow the instructions below carefully.

On the day of your examination

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- Drink plenty of clear fluids up until 2 hours before your appointment time for example tea or coffee (**no milk**), herbal tea, water, fizzy drinks, soda water or energy drinks. **Do not drink blackcurrant juice.**
- Use the enema 1 - 1 1/2 hours before your appointment time. The enema will make you go to the toilet to open your bowels.
- This should work within an hour so you will not have to worry about going to the toilet on your journey to the hospital.
- You should use the enema even if you have recently opened your bowels.

How to give yourself the enema

- Take the micro enema
- Lie on your left side on a towel with both knees bent
- Remove the small white cap from the nozzle
- Gently insert the nozzle into the rectum. Squeeze the contents in until the tube is empty and, whilst still squeezing the tube gently remove the nozzle from the rectum

Discontinue use if any resistance is encountered. Forcing an enema can result in injury. Call the Endoscopy Unit immediately on 020 8934 2363 (08:00 – 18:00).

- Try to hold the liquid in for at least 5-10 minutes (**No longer**), or until you feel the urge to open your bowels.
- Stay close to a toilet. Be prepared to open your bowels; it may be frequent, loose and watery. Do not worry if you do not open your bowels.

You may feel one or more of the following:

- bloated, mild stomach cramps, mild nausea, irritation of your back passage (rectum)

If the following side effects occur you should seek medical advice:

- nausea and vomiting
- rash
- itchiness
- redness
- swelling
- Further information can be found within the enema package leaflet.

Most people find it comfortable to use the enema at home. If you feel you cannot do it yourself or if you have any questions please contact the Endoscopy Unit

On arrival at the hospital

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- Please report to the reception of the Day Surgery Unit.
- A nurse will check your details, blood pressure and pulse. If you have any allergies please tell the nurse.
- The Endoscopist will explain the procedure and check you have signed your consent form, which is attached to this information leaflet – please remember to bring these with you.
- You will need to change into a hospital gown and you will be offered dignity shorts to wear.
- On the day of the test, please bring a list of any medications you are currently taking. If you use asthma inhalers or angina sprays it is important to bring these with you.
- There will be access to a toilet in the unit whilst you are waiting for the procedure.

What happens during the procedure?

- Your heart rate and oxygen levels will be monitored through a clip attached to your finger or ear.
- Whilst on your left side the Endoscopist will insert the lubricated flexible Sigmoidoscope into your back passage and pass it around the lower bowel.
- There are some bends in the bowel and passing the scope through these may be uncomfortable and cause some pain for a short period of time.
- Air will be passed into the bowel this may make you feel bloated and you may experience abdominal cramping and pressure. You may pass some wind - this is normal and there is no need to feel embarrassed, as the staff will expect this to happen.
- You may feel you want to go to the toilet, even though the bowel is empty. Most of the remaining fluid in the bowel will be removed by the sigmoidoscope.
- Biopsies (small samples of tissue), which are painless, may be taken during the investigation to be sent to the laboratory. Photographs may be taken and kept for your hospital records.
- Polyps (projections of tissue a bit like warts) may be removed if found.

Will I need pain relief?

Most patients undergo this procedure without any drugs. Occasionally patients may find the procedure painful and in this instance we can give Entonox often called 'gas and air'

ENTONOX-pain relief

Entonox, also known as 'laughing gas' or 'gas and air' works quickly and has a short duration of action and is ideal for short term analgesia (pain relief) if needed during flexible sigmoidoscopy as it has proved to be safe and effective with minimal side-effects. Entonox also provides a mild sedative effect. Entonox is inhaled through a disposable mouthpiece, this is attached to a handset and tubing. The mouthpiece is held between the teeth, and the lips closed around it to ensure a good seal. The patient has complete control over how often and how much they use.

Side effects: Entonox may make you feel drowsy and a little light headed. Other less common side effects include dizziness, nausea, tingling fingers and a dry mouth.

Entonox is NOT suitable if: you have or have recently had an ear infection or operation, have had eye surgery with gas bubble insertion, have been scuba diving within the last 2 days, have emphysema, COPD or other chronic breathing problems or have recently had a pneumothorax.

After the investigation

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- You will be returned to the ward area to rest for up to 15 minutes following the procedure (longer if you use Entonox)
- A nurse or doctor will explain the results of your investigation.
- You may feel bloated after the procedure – moving around and using the toilet will help this to settle.
- You may pass a small amount of blood from your back passage if biopsies were taken or a polyp removed. This usually settles very quickly.
- A copy of the report will be sent to your GP and your hospital Consultant (if you have one) biopsy results will be sent at a later date. Biopsy results can take up to 6 weeks to be processed.
- Please note: it is not possible for patients to access biopsy results from the hospital/endoscopy unit.

Going home

- If you do not use Entonox you are usually ready to leave within 10-15 minutes of the procedure.
- If you have used Entonox during the procedure you will need to remain on the ward for up to 30 minutes after the procedure, or one hour if driving.
- You may prefer to arrange for a friend or relative to escort you home, but it is not essential.

Consent

This procedure requires your formal consent. This booklet has been written to enable you to make an informed decision about agreeing to the procedure.

If having read the information you do not wish to go ahead with the procedure, or want to consider alternative methods of investigation, please discuss this with your GP or hospital doctor as soon as possible before the date of your procedure.

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