Flexible sigmoidoscopy with phosphate enema

Information for you
This booklet contains important information about your upcoming investigation. Please read this as soon as possible, to give you time to think about any questions you may like to ask.

For more information, telephone the endoscopy nurses on 01563 827713.
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Introduction
Your family doctor (GP) or hospital doctor has referred you to have an investigation known as a flexible sigmoidoscopy. This is an examination of your colon (large bowel). Your colon must be completely clean for the procedure to be accurate and complete. Please pay particular attention to the section on preparation in this booklet.

If you are unable to keep your appointment please tell us as soon as possible. This will help staff to arrange another date and time for you and give your appointment to someone else.

It is essential that you read this booklet thoroughly and carefully. Please bring this booklet and appointment letter with you when you attend.

Consent
This procedure requires your formal consent. This booklet will help you make an informed decision about agreeing to the procedure. The consent form is included in your pack.

The consent form is a legal document, so please read it carefully.

Once you have read and understood all the information, including the possibility of complications, and you agree to the procedure, please sign and date the consent form.
If, however, there is anything you do not understand or wish to discuss further, but still wish to have the procedure, do not sign the form. Bring it to your appointment and you can sign it after you have spoken to a health care professional.

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 with your GP or hospital doctor as soon as possible before the date of your appointment.

**Sedation**

If you are having sedation, the drug can remain in your system for up to 24 hours and you may feel drowsy later on, with intermittent lapses of memory.

If you are having a procedure under sedation, you must have someone available to accompany you home, and to stay with you overnight.

If this is not possible you may need to stay overnight after the procedure. Please tell the unit if this is the case.

**Failure to do this may result in your test being cancelled on the day.**
About the procedure

What is a flexible sigmoidoscopy?
This is an examination of the lower part of your colon or large intestine. The instrument used in this investigation is called a colonoscope. It is a flexible telescope which can be passed through the back passage (anus) and around the colon, relaying images back to the endoscopist on a TV screen.

During the investigation, the endoscopist may need to take some tissue samples (biopsies) from the lining of your colon for analysis. This is painless. We may also keep photographs and/or a video recording for our records.

The procedure will be performed by, or under the supervision of, a trained doctor or nurse endoscopist. We aim to make the investigation as comfortable as possible for you. The examination is quick and involves a little discomfort, but many patients have it performed without sedation.

If you choose sedation for your procedure, this is performed under ‘conscious sedation’. This is when a sedative is given by injection into a vein to make you relaxed and lightly drowsy, but not unconscious.

Why do I need to have a flexible sigmoidoscopy?
You have been advised to have this investigation to help find the cause of your symptoms, help with treatment and, if necessary, to decide on further investigation.
What are the alternatives?

A barium enema or a CT colonography scan are x-ray investigations which are alternatives to a sigmoidoscopy. Although neither usually requires sedation and can be more comfortable for some patients, they both involve exposure to radiation and require the same bowel preparation as a sigmoidoscopy. They are also less accurate at detecting some conditions, and do not allow tissue samples to be taken. If abnormalities are found on x-ray examinations, a subsequent sigmoidoscopy is often necessary to confirm the diagnosis.

How long will I be in the Endoscopy unit?

This depends on whether you have had sedation and how busy the unit is. You should expect to be in the unit for approximately two to four hours. The unit also looks after emergencies and these can take priority over outpatients. You may be in the unit for some time before the investigation, so you may want to bring something to read. We recommend you do not bring any valuable items with you to the hospital.

The unit closes at 5pm. You should arrange to be picked up before then.
Preparation

Your colon must be completely clean for the procedure to be accurate and complete. The following pages give you detailed instructions about your medication, the dietary restrictions to follow and the cleansing routine to use.

If you have serious heart or kidney disorders please contact us immediately, before starting your bowel preparation.

Medication

Please do not take any iron tablets for seven days before the test.

Do not take any fibre supplements – for example, Fybogel or Regulan – for three days before the procedure.

Do not take anti-diarrhoea medication – for example, Loperamide, Imodium, Lomotil or Codeine Phosphate – for three days before the test.

Anticoagulants: If you are on blood-thinning treatment – for example, Warfarin or Clopidogrel – please telephone the Endoscopy unit on 01563 827713, as we may need to make special arrangements for you.

If you have any type of pacemaker or defibrillator pacemaker, let the unit know as soon as you receive your appointment. The Cardiology department needs to know and your pacemaker will be checked before the test.
Diabetes medication: If you have diabetes that is controlled by tablets or insulin, please make sure you tell the Endoscopy unit so you receive an appointment in the morning.

Other medication: Continue to take all your other routine medications, including steroids. On the day of the colonoscopy you may need to take them after the procedure, depending on the time the procedure is scheduled.

If you are taking the oral contraceptive pill then you should use other precautions, since the bowel preparation causes diarrhoea.

Allergies

If you think you have a latex allergy please telephone the Endoscopy unit on 01563 827713 for information.

If you have any other questions about your medication and the procedure, please telephone the Endoscopy unit on 01563 827713.

Diet

There are no special dietary restrictions for a flexible sigmoidoscopy.

Bowel preparation (phosphate enema)

We need the lower part of your large bowel to be empty for the procedure. To do this we will give you a phosphate enema in our department, prior to your test.
What is a phosphate enema

An enema is fluid that is placed in your rectum to clear your bowel. It clears and cleans out the section of the bowel to be looked at during the test. This makes sure the endoscopist (the doctor or specialist nurse carrying out your test) is able to see the walls of your bowel clearly.

Once your medical history has been taken you will be shown to a prep room, a small room with a bed, toilet and wash hand basin. The nurse will advise on what is to happen and leave you to undress and put on a hospital gown. She will return with the enema and you will be asked to lie on your left side with your knees up to your chest. The enema nozzle will be gently and carefully inserted into your bottom and squeezed until the bottle is empty. Once all the liquid has been inserted continue to lie on your left hand side. The enema should produce a rapid response. You will be asked to hold the enema as long as you can, about 5 to 10 mins, to empty your bowel completely. When you can no longer hold the enema, and you have the urge to go to the toilet to open your bowels, get up slowly and use the toilet. You will be advised about the nurse call system and asked to press for a nurse, when you have finished on the toilet. You will then be shown to a trolley where you will wait to be taken in for your test.
Side effects

Very rarely some people feel faint when they try to get up, if this happens you should lie back down until the feeling passes and press the nurse call button for assistance.

What happens when I arrive?

When you arrive in the unit you will meet the clerical staff. An endoscopy nurse will then meet you and take you to a private room so that they can ask you a few questions, including your arrangements for getting home.

The nurse will make sure you understand the procedure, any clinical risks and discuss any outstanding concerns or questions you may have.

You will have a brief medical assessment where the endoscopy nurse will ask you some questions regarding your medical condition, any surgery or illnesses you have had. This is to confirm that you are fit to have the investigation. The nurse will record your blood pressure and heart rate, and if you have diabetes, they will also record your blood glucose level.

If you have not already done so, and you are happy to proceed, you will sign your consent form at this point.

If you have sedation, you will not be permitted to drive or use public transport on your own.
Therefore, you must arrange for a responsible adult to accompany you home. If you live alone, we recommend you make arrangements for someone to be with you for 24 hours after the procedure. The nurse will need your responsible adult’s contact telephone number so that they can be contacted when you are ready for discharge.

**After admission**

After the admission process, you will wait in a different area of the unit. You may wait for some time here, so please bring something to read or to occupy your time in this area.

You will then move to the endoscopy bay where you will change into a gown and wait on a trolley. If you are having sedation, the endoscopy nurse may insert a small cannula (plastic tube) into a vein in your arm.

When ready, staff will collect you and take you to the procedure room for your flexible sigmoidoscopy.

**The procedure**

The endoscopist and nurses will introduce themselves to you and you will also be able to ask further questions about the investigation.

The nurse looking after you will ask you to lie on your left side. If you are having sedation, this will be administered into the cannula in your vein which will make you relaxed and lightly drowsy but not unconscious. This means that, although drowsy,
you will still hear what is said to you and therefore will be able to follow simple instructions during the examination. Some patients experience amnesia with the sedation so that afterwards they remember very little of the procedure, but this does not always happen.

During the procedure we will monitor your breathing, heart rate and oxygen levels. This is done through a probe attached to your finger or earlobe. We may also monitor your blood pressure during the procedure. This is done using a cuff which will inflate on your arm from time to time. The nurse may also give you oxygen to breathe through a mask or small tubes placed at your nose.

The endoscopist will first perform a finger examination of your back passage (anus) before passing the colonoscope. The flexible sigmoidoscopy involves manoeuvring the colonoscope around the entire length of your colon (large intestine). Air is passed into the colon during the investigation to aid the passage of the colonoscope. There are some bends that naturally occur in the colon and negotiating these may be uncomfortable for short periods of time. However, the sedation and painkiller will minimise any discomfort. The nurse may help you change position at times during the procedure to help the colonoscope pass parts of the colon more easily and comfortably. The examination usually takes 10 to 15 minutes to complete.
Colonic polyps

Polyyps are found in up to a third of colonoscopies. A polyp is a small growth on the lining of the colon. Most polyps are benign. We usually recommend their removal (polypectomy) at the time of the procedure, to avoid them becoming larger or developing complications over time. Some polyps are attached to the colon wall by a stalk, like a mushroom, whereas others are flat without a stalk.

Polypectomy

A polyp may be removed by placing a snare (wire loop) around the polyp and removing the polyp by tightening the snare, or using high frequency electrical current (diathermy) on larger polyps to prevent bleeding.

Flat polyps (without any stalk) can be removed by a procedure called endoscopic mucosal resection (EMR). This involves injecting the lining of the colon that surrounds the flat polyp to raise it and allow the wire loop snare to capture the polyp.

Smaller polyps can be removed using diathermy with special forceps. These hold the polyp while the diathermy is applied, therefore destroying the polyp.

Risks of the procedures

The doctor who has requested the procedure will have considered and discussed this with you. The risks should be weighed against the benefit of having the procedure carried out.
There are two sets of risks you should be aware of:

**Risks associated with intravenous sedation**

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they normally pass quickly. Careful monitoring by an endoscopy nurse makes sure that any potential problems are identified and treated quickly.

Older patients and those who have significant health problems - for example, people with significant breathing difficulties due to a bad chest - may be assessed by a doctor before having the procedure. In these situations we may advise that less or no sedation is used, as the risks of complications from sedation may be higher.

**Risks associated with the endoscopic examination**

Flexible sigmoidoscopy is generally a very safe investigation, but as with any invasive procedure, complications are possible. Trapped wind after the procedure is the most common side effect. More serious complications are less common, but can include:

• **Perforation (or tear)** of the lining or wall of the colon. An operation is nearly always required to repair the hole. The risk is approximately one in every 1,000 examinations. The risk of perforation is higher with polyp removal.
• **Bleeding** from the site of biopsy or polyp removal. The risk is approximately one for every 100 to 200 examinations where this is performed. The degree of bleeding is usually minor and stops on its own, but if necessary it can be controlled by cauterisation, injection, or clips placed through the colonoscope.

**After the procedure**

We will monitor and record your blood pressure and heart rate. If you have diabetes, we will also monitor your blood glucose. If you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing.

Once you are awake and have recovered from the effects of the sedation - normally 30 to 60 minutes - you can have a cold drink and sandwiches.

Before you leave the unit, the nurse or endoscopist will discuss the findings with you and let you know about any medication or further investigations required. They will also tell you if you need further appointments and give you some written information.

If the person accompanying you has left the unit, the nursing staff will telephone them when you are ready to be discharged.

Because the sedative remains in your system for about 24 hours, you may feel drowsy later on, with
intermittent lapses of memory. You should not drive, take alcohol, care for dependents, sign any legally binding documents or operate machinery or potentially hazardous household appliances for 24 hours following the procedure.

Remember

• If you have serious heart or kidney disorders please contact us before starting your bowel preparation.

• If you are on any blood thinning agents, such as Warfarin, Clopidogrel or Ticagrelor, you must contact us.

• If you have any implanted cardiac devices you must contact us.

• You can drink clear fluids up to two hours before your procedure.

• If you are having sedation, you must have someone to accompany you home and be with you overnight. You must not drive, take alcohol, care for dependents, sign any legally binding documents or operate machinery or potentially hazardous household appliances for 24 hours following the procedure.

• Our aim is for you to be seen and have your procedure as soon as possible after you arrive. However, the unit is very busy and also deals with emergencies so it is possible under these circumstances that your procedure may be delayed.
• The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises

• The unit closes at 5pm, please make arrangements for someone to pick you up before this.

• **If you have any problems with worsening abdominal pain or continuing bleeding after your procedure**, please contact your GP from Monday to Friday, 9am to 5pm.

• **At other times please contact, NHS 24 on 111 stating that you have had a colonoscopy procedure.**

**Information for patients with diabetes**

Tell the Endoscopy unit about your diabetes and request an early morning appointment or, for afternoon patients, the earliest afternoon appointment slot.

**Diet and tablet-controlled diabetes (Type 2 diabetes)**

There are no specific instructions, continue as normal.
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Last reviewed: March 2018
Leaflet reference: DS17-003-CC/PIL17-0404