

Having a Flexible Sigmoidoscopy with full bowel prep

+/- Banding of Haemorrhoids

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at rduh.pals-northern@nhs.net.

Why is a flexible sigmoidoscopy needed?

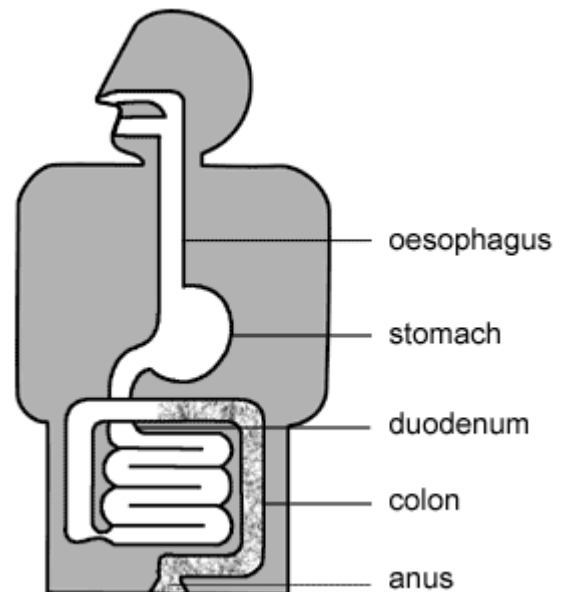
This test allows the doctor to look directly at the lining of the left side of the colon (large bowel) This means we can check whether any disease is present and will help us to find the cause of your bowel symptoms.

What does it involve?

This is a simple examination, which enables the doctor to view the inside of your large bowel. A tiny camera on a flexible tube will be carefully passed through the rectum (back passage) and into the large bowel.

Sometimes a small amount of tissue (biopsy) may need to be taken from a particular area for further examination in the laboratory. The tissue is removed using tiny forceps passed through the colonoscope. This is usually painless. However, you may feel a tugging sensation. During the test, photographs of your bowel may be taken.

When you come to the department, a nurse will discuss the test with you. This is to ensure that you understand what the test involves. If you have any questions or worries, don't be afraid to ask.



Banding of haemorrhoids (piles)

This involves placing a small rubber band over the base of the pile. The rubber band will cut off the blood supply to the pile, which should fall off in 5-10 days. You may see some light bleeding for 4-5 days. This is quite normal.

Having a flexible sigmoidoscopy is not a painful procedure. However, if it does become uncomfortable, Entonox gas (gas and air) may be given. Banding of haemorrhoids can be very uncomfortable and may require the use of pain relief for several days after. It is also important that you do not get constipated, so drink plenty of fluids.

When you come to the department, a nurse will discuss the test with you. This is to ensure that you understand what the test involves. If you have any questions or worries, don't be afraid to ask. You will also need someone to drive you home after the procedure.

Special precautions

Prior to your procedure you will have pre-assessment. This will either be done over the telephone or in person in the department, please have a current list of your medication for this appointment.

This procedure is usually performed with gas and air (Entonox) or with nothing. In exceptional circumstances we can give sedation.

Sedation: this is not an anaesthetic, so will not put you to sleep. Sedation is given to help you to relax during the procedure. You may be aware of what is happening but should feel comfortable. You may not remember having the procedure, as the sedation can affect your short-term memory. It will not have a long term or permanent effect. If you have sedation, you must have a responsible adult to collect you and stay with you at home for 12 hours

- If you are taking **any of the following medications**, and this has not been discussed at pre-assessment, please contact the Gemini Endoscopy Suite as soon as possible, on 01271 349180 before you come into hospital.
 - **Warfarin**
 - **Rivaroxaban**
 - **Dabigatran**
 - **Edoxaban**
 - **Apixaban**
 - **Clopidogrel**
 - **Prasugrel**
 - **Ticagrelor**
- If you are diabetic on medication (insulin or tablets) and need advice, please contact the Diabetic Liaison Nurse on 01271 322726.
- If you are on **iron (ferrous sulphate)** tablets, please stop taking them one week before your appointment.
- If you have any allergies or have had a bad reaction to drugs or other tests, please tell the nurse at pre-assessment

Please follow these steps to prepare for your flexible sigmoidoscopy

To ensure an empty bowel and a complete examination, please follow our advice carefully.

Five days before flexible sigmoidoscopy

Please avoid foods containing small seeds. These include granary or multi-seeded bread, crisp breads, cereals containing seeds such as muesli, granola, and fruits such as raspberries, strawberries and tomatoes.

If you take iron tablets or medications to control diarrhoea, please stop taking them until after your colonoscopy. You should continue to take any other medications, including laxatives.

Four days before your procedure

Please have this **low residue diet** for four days prior to your procedure until you are told to stop eating.

✓ Choose	✗ Avoid
Flour:	
White	Whole meal or granary flour, wheatgerm
Fruit and vegetables:	
Potatoes – boiled, mashed or chipped – no skin	All fruit and vegetables (including mushrooms)
Savouries:	
Chicken, turkey, fish, cheese, eggs, shellfish and tofu	All red meats
Puddings, pasteries, cakes etc:	
Milk pudding, mousse, sponge cake, madeira cake, rich tea biscuits or wafer biscuits	Those containing wholemeal flour, oatmeal, nuts, dried fruit (e.g. fruit cake), Ryvita, digestive or Hobnobs biscuits, rice and/or corn cakes
Dairy and dairy alternatives:	
All dairy, nut, hemp and pea milks All dairy and coconut-based yogurt and ice cream (without fruit/nut pieces) Butter, margarine and spreads	Oat and soya milk, soya-based yogurt and ice cream
Preserves, confectionary, crisps:	
Sugar, jam, marmalade, honey, syrup, lemon curd, plain chocolate (no fruit and/or nuts), corn-based crisps (e.g. Wotsits)	Jam or marmalade with pips, skin and seeds, sweets and chocolates containing nuts and/or fruit, muesli bars Potato, lentil or pea-based crisps
Soups:	
Clear and sieved	Chunky vegetable, lentil or bean soups
Cereals:	
Cornflakes, Rice Krispies, Ricicles, Frosties, Sugar Puffs, Coco Pops	Wheat bran, All Bran, Weetabix, Shredded Wheat, oat bran, bran flakes, wheat flakes, muesli, Ready Brek, porridge

✓ Choose	✗ Avoid
Bread:	
White	Wholemeal, high fibre white, soft grain, granary or oat bread
Pasta, grains, legumes/pulses, noodles:	
White pasta, rice and noodles	Wholemeal pasta and noodles, brown rice, quinoa, oats, pearl barley, buckwheat, lentils, beans, chickpeas, split peas, couscous, semolina
Miscellaneous:	
Salt, pepper, vinegar, mustard, salad cream, mayonnaise, boiled sweets, glucose tablets, mints	Nuts, quorn, fresh ground peppercorns, hummus

One day before your procedure

You will be told at pre-assessment **when to stop eating** and be on fluids only from the permitted fluids list:

Permitted fluids

It is important to drink plenty of clear fluids **in addition** to the bowel prep. Drinks might include:

- All types of water
- Lucozade or any other sports drinks
- Tea, coffee (little or no milk), fruit & herbal teas
- Fizzy drinks e.g. Coke, ginger beer, tonic water
- Clear fruit juice - apple, cranberry, red/white grape juice, **not orange juice**
- Any fruit squashes
- Hot honey & lemon
- Oxo, Marmite, Bovril
- Consommé/clear soup

You can also have:

- Jellies (not red coloured)
- Any sugar-based sweets e.g. Jelly babies, fruit pastels, wine gums, Polos, dextrose tablets.

- The bowel preparation (strong laxative) will be sent following your pre-assessment. The effects of the bowel prep may give you a sore bottom. To help prevent this, use a barrier cream such as Sudocrem, zinc and castor oil, or any type of nappy cream. Apply the cream to the appropriate area before starting the bowel prep. Use moist toilet / baby wipes to clean with. These can also be stored in the fridge to provide a soothing effect if soreness occurs.

The day of your procedure

On the day of your examination continue to drink clear fluids until 2 hours prior to your appointment time you will remain **nil by mouth** until after your procedure.

Your appointment time is NOT your procedure time

What to bring

- Phone numbers for your Next of kin and the person collecting you (if different)
- Dressing gown and slippers. Please wear a sleeveless or short-sleeved top, which you can keep on throughout the procedure
- A list of/or any tablets or medicines you are taking, including supplements and herbal remedies **if it has changed since pre-assessment**
- Your reading glasses

Please wear minimal jewellery, make-up or nail varnish for this appointment.

Do not bring any valuables with you, as we cannot take responsibility for any losses.

What happens on the day of your procedure?

- When you arrive in the endoscopy department, please report to reception.
- You will be asked to take a seat in the waiting area until the admissions nurse is ready to see you. Although we endeavor to see you at your allocated appointment time, we do sometimes experience a delay in our list. Thank you for being patient, the reception staff and admissions nurse will be able to keep you updated on any delays.
- In the admissions room, the nurse will check whether there have been any changes to your health since your pre-assessment. Once they are satisfied you understand what is going to happen, they will sign your consent form with you. This is a good opportunity to ask any questions you may have regarding the examination.
- Once the admission process is complete, the nurse will show you through into the recovery area where you will get changed into a hospital gown and a cannula will be inserted, **only if you are having sedation**, in preparation for the medication which will be administered by the endoscopist

What will happen during the procedure?

- For your safety you will be asked to confirm the details taken during the admission process. You will be given the opportunity to ask further questions about the procedure before it begins.
- You will be asked to lie on your left side on the trolley and made as comfortable as possible. A probe will be placed on your finger and a blood pressure cuff put on your arm. This is to monitor your pulse and blood pressure during the procedure, and is routine.
- The doctor will then pass the colonoscope gently into your rectum (back passage) and then proceed on to your colon (large bowel). The examination usually takes about 10-20 minutes.
- You will be closely monitored for signs of discomfort or pain throughout the procedure. We encourage you to tell us, at the time, so we can act upon this information and reduce any discomfort by a variety of means.

What happens after the test?

- After the examination, you will be taken to the recovery area, where you will be able to rest and relax. You will feel the need to pass quite a lot of 'wind' from your bowels. This may last for about 12 hours and is quite normal after this procedure.
- If you have had a biopsy taken (small sample of tissue), you may notice a small amount of blood from your rectum (back passage), either on the toilet paper or in the toilet pan. The results of these sample may take up to four weeks.
- You will be offered a hot drink and biscuits, once you are dressed. You are welcome to bring your own sandwich or snacks.
- Once you have received a copy of your report (which the nurse will go through with you) you will be free to go. Where sedation has been given, your responsible adult will need to collect you from the Endoscopy reception. Please **do not use public transport**. You must also have a responsible adult to stay with you for at least 12 hours.

Please note that although the examination takes 10-20 minutes you can expect to be in the department for 2-2½ hours. This can vary on the day but the nurse admitting you can give you a better idea on the day.

Once home, it is important to rest quietly for the rest of the day. You can eat and drink normally. **If you have had sedation you must not drink alcohol, drive, sign legal documents or operate machinery for 24 hours. It is also advisable to take the following day off work.**

What are the risks?

This is a safe procedure. However, there are some small risks.

- **Perforation** – It is possible to damage the bowel by making a small hole or tear, called a perforation. The risk of this happening is approximately 1 in 1000 tests. This will usually result in admission to hospital and in some cases an operation to repair the hole.
- **Bleeding** – It is not uncommon to have a small amount of blood loss after biopsies or polyp removal, which normally settles within 24 hours. If the blood loss persists or is excessive you may be admitted to hospital for observation and in some cases an operation and /or blood transfusion. The risk of this happening is approximately 1 in 1000. Bleeding can occur up to 10 days after the procedure.
- **Missed pathology** – A colonoscopy is the best test to examine the large bowel, but we can miss abnormalities, sometimes even important ones. We take great care to minimise this risk as far as humanly possible.
- **Sedation** – We call this conscious sedation. Which means you will be awake and aware. Some patients experience brief periods of sleep. For most patients they are able to speak and respond to verbal cues throughout the procedure. A brief period of amnesia may erase the memory of the procedure. Conscious sedation does not last long but it may make you drowsy

Side effects of conscious sedation:

- It may slow your breathing and the nurse may give you oxygen.
- Your blood pressure may be affected and you may receive IV fluids to stabilize your blood pressure
- Because of the effects of conscious sedation linger, you may have a headache, nausea and feel sleepy for several hours once you get home.
- There is an increased risk of sedation related complications if you are elderly, frail or have a medical history of heart disease, cerebrovascular disease, lung disease, liver failure and morbid obesity. The endoscopist carrying out the procedure will discuss the sedation or alternative options on the day

Follow up

If a follow up is required, you will be informed on the day of procedure.

Further information

If you are not able to attend the appointment, please contact the bookings team as soon as possible, as we can offer your appointment to another patient.

Doctors and nurses training in Endoscopy at many different levels attend unit or department and will be involved in your care under the direct supervision of experienced consultants and nurses. If you do not wish to be involved in training these experts of the future, please contact the booking team.

If you have any queries or concerns about your colonoscopy, please do not hesitate to contact the Gemini Endoscopy Suite.

You can access the Endoscopy services webpage on the Royal Devon University Healthcare NHS Foundation Trust website for more information at www.royaldevon.nhs.uk/services/endoscopy.

Useful telephone numbers

- Booking Team 01271 370214 (for appointments and cancellations)
- Gemini Endoscopy Suite 01271 349180 (for general enquiries such as medications)

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

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