



## UNDERSTANDING SIGMOIDOSCOPY

BON SECOURS HOSPITAL

Advanced Medicine, Exceptional Care

### WHAT IS A FLEXIBLE SIGMOIDOSCOPY?

A flexible sigmoidoscopy is a procedure that allows the endoscopist to look directly at the lining of the rectum and sigmoid, the lower part of the large bowel (Colon). It is performed using a thin flexible tube (colonoscope) with a camera and a light on the tip which is used to look at the area being examined. It also allows for **1)** a sample of tissue (biopsy) to be taken for examination by the pathology department **2)** The removal of polyps (which are like little cherries) that can grow on the bowel wall and **3)** The treatment of haemorrhoids (piles) with banding or injection of oily phenol. The procedure lasts 5-10 minutes. It is usually not painful but can feel a little uncomfortable.

### GETTING READY FOR THE PROCEDURE

If you opt for sedation you will need to fast for 4 hours prior to having the procedure.

To obtain a clear view, the lower colon must be completely empty. You will receive detailed instructions about how to prepare your bowel for the procedure and **it is essential that you follow these instructions exactly.** Alternatively you may be prescribed an enema on the day of your procedure. This will be carried out by your nurse when you arrive in the unit. When you arrive on the day of your procedure, it is important to tell the doctor or nurse about any medications (prescription or non) or antibiotics you are taking and also about any allergies or bad reactions you may have had in the past. If you are a diabetic you must inform your doctor pre-admission. You will be asked to undress and to wear a gown and dignity shorts. Please bring a dressing gown and slippers with you. ***If you are on any medications (apart from tablets for diabetes) these should be taken as normal on the morning of your procedure. However if you are on iron tablets these should be discontinued one week prior to your procedure.*** On arrival, the procedure will be explained to you and you are asked to bring this signed consent form agreeing that you understand the procedure and its implications.

### DURING THE PROCEDURE

In the procedure room, you will be made comfortable lying on your left side with your knees drawn up. The endoscopist will gently pass the colonoscope into the back passage and air will be passed to inflate the bowel. You may notice some windy pains due to the air that has been put in the bowel.

### SEDATION

There are two options available to you. **1) No sedation option:** This procedure can be carried out without sedation. You will be fully aware of the procedure which most patients find acceptable and not too uncomfortable. You will not have to fast and may go home once you have spoken with your doctor. **2) Intravenous sedation option:** You will be given an intravenous injection into the vein to make you feel relaxed and sleepy but not unconscious (**this is not a general anaesthetic**). This option means you may have a reduced awareness of the procedure. You will be given oxygen through your nose. A nurse will remain with you during the procedure to monitor your pulse and blood pressure. Please note that in discussion with your doctor it is possible for you to change your mind during the course of your procedure and you may opt for the sedation option if you wish.

### POTENTIAL PROBLEMS

After the procedure you may have some crampy pains and bloating which will pass soon after.

**Drug Reaction:** The sedation used for the procedure is usually very safe with only a very slight risk of a reaction.

**Bleeding:** If a polyp is found during the course of the procedure, this will be removed which may result in some bleeding. This bleeding can often be stopped straight away but may occasionally be more serious or even occur a few days later. Depending on the size, the risk of bleeding is 1 in 200 polyps removed. Many polyps are the type which can turn into cancer if left untreated for a long period of time and removing them when still benign eliminates this risk.

**Perforation:** It is possible to damage the large bowel lining making a hole. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). An operation is nearly always required to repair this hole. The risk of this happening is approximately 1 in every 2000 examinations.

**Missed Pathology:** It is important to remember that no test is perfect and even with complete examination significant disease may be missed in up to 5% of cases.

### FOLLOWING YOUR PROCEDURE

The consultant will meet with you following your procedure to discuss your follow up care prior to discharge. If you have received sedation you will be taken to the recovery area while the sedation wears off and you must continue fasting for 1 hour. **Please follow the additional advice included overleaf. PLEASE NOTE THAT FOLLOWING A SEDATED PROCEDURE YOU WILL NOT BE PERMITTED TO LEAVE THE HOSPITAL UNACCOMPANIED. WE THEREFORE ASK THAT YOU MAKE ARRANGEMENTS TO HAVE A FRIEND OR RELATIVE COLLECT YOU. YOU ARE ADVISED TO HAVE A RESPONSIBLE ADULT STAY WITH YOU FOR THE NEXT 12 HOURS.**

If you have any questions about the procedure, your doctor or nurse will be only too pleased to answer them. You can call the Endoscopy Department in the Bon Secours Hospital on **01-8065490/ 01-8065492** from 7.30am – 8.00pm. Outside of these hours, please contact the nursing office on **01-8065331**

## PATIENTS RESPONSIBILITIES PRIOR TO HAVING THE PROCEDURE

You must fast completely from all food and fluids for 4 hours prior to your appointment time if you are having sedation for this procedure.

If you have been prescribed a bowel preparation for this procedure, **it is essential that you follow the instructions and take all of your prescribed preparation.** Patients not prescribed a bowel preparation will receive an enema prior to the procedure.

As you will be changing into a gown for this procedure, we ask that you bring a dressing gown with you on the day.

Please bring all your prescribed and over the counter medicines to the hospital with you on the day of your procedure.

Diabetic patients taking insulin or oral diabetic medication must follow the instructions provided by their doctor.

**If you are taking aspirin please continue to take as prescribed.**

**CLOPIDOGREL (PLAVIX) OR ALTERNATIVE ANTI PLATELET DRUG.** Some patients will be advised to stop this drug 1 week prior to their procedure, depending on the reason it has been prescribed. Please check with your doctor if you should continue taking this drug prior to your procedure.

**WARFARIN OR ALTERNATIVE ANTI-COAGULANT DRUG.** Some patients will be advised to stop this drug 1 week prior to their procedure, depending on the reason it has been prescribed. Please check with your doctor if you should continue taking this drug prior to your procedure.

If you have sedation you will be taken to a recovery area while the sedation wears off. When you are sufficiently awake, you may go home. Please note the following advice following sedation;

- You must have someone to accompany you home and remain with you for 12 hours
- You must not drive or operate machinery for 24 hours
- You must not consume alcohol for 24 hours
- You should not make any vital decisions or sign any legal documents for 24 hours
- You should not take any medication not prescribed or acknowledged by your doctor

Please note that complications are rare. If you experience any of the following symptoms after your procedure, you should seek help from a doctor immediately.

- Chest or tummy pain that is more severe or different to the pain you may usually have
- Breathing difficulties
- Fever
- Vomiting blood or black fluid
- Passing blood from your back passage (Please note that you may pass small amounts of blood if you have had your haemorrhoids treated)

## PATIENT DETAILS

Please fill out this form in full and bring it with you on the day of your procedure.

<p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of Birth _____</p> <p>Telephone Number _____</p> <p>Consultant's Name _____</p>	<p>Current Medications</p> <p>1. _____ 4. _____</p> <p>2. _____ 5. _____</p> <p>3. _____ 6. _____</p> <p>Please bring your medications and most recent prescriptions with you.</p> <p>Have you any Allergies? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify: _____</p> <p>_____</p> <p>_____</p>
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Name of Bowel Prep _____	Amount of Bowel Prep taken _____
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Please tick if you are taking any of the following:

Plavix or alternative <input type="checkbox"/>	Warfarin or alternative <input type="checkbox"/>	Diabetes Medication <input type="checkbox"/>
Epilepsy Medication <input type="checkbox"/>	Acid Suppressant tablets <input type="checkbox"/>	Inhalers <input type="checkbox"/>
Iron <input type="checkbox"/>		

Date and Time of your last dose? \_\_\_\_\_

Do you have or have you had any of the following in the past:

	Yes	No		Yes	No		Yes	No
COPD	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Family History of Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Previous Bowel Polyps	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Apnoea	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker / ICD	<input type="checkbox"/>	<input type="checkbox"/>	Previous Bowel/Abdominal Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	Joint Replacement	<input type="checkbox"/>	<input type="checkbox"/>			

<p>Name and contact phone number of person who will escort you home:</p> <p>Name: _____</p> <p>Contact Number: _____</p>	<p>Please ensure you have read this patient information leaflet/consent form in full. If you are satisfied please bring the completed form with you on the day of your procedure. If you have further questions, please wait to speak with your consultant before signing the form.</p> <p>Patient's Signature: _____</p>
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Details verified by:	
Nurse's Signature: _____	Date: _____

Affix Patient Label here

## PATIENT CONSENT

In this section your consent for the procedure will be obtained. You must fully read this Sigmoidoscopy Patient Information Leaflet prior to completing your consent form.

You may complete this form prior to coming to the Hospital if you wish. If there are any further questions or clarifications that you require, please do not sign this consent form until you have spoken to your nurse/doctor in the Endoscopy Unit.

### TO BE COMPLETED BY PATIENT

I understand why I am having this procedure and that I can change my mind at any time and not undergo this procedure.

I understand that biopsies may be taken during the procedure. I understand that there is no guarantee that this procedure will improve my condition. I understand that I have the choice to receive sedation for this procedure.

I confirm that I have read and understood the information on this form and the potential problems that are associated with this procedure.

Name of Patient: \_\_\_\_\_

Signature of Patient / Authorised Decision Maker: \_\_\_\_\_ Date: \_\_\_\_\_

### DOCTOR STATEMENT

I have spoken to this Patient and I am satisfied that he / she fully understands the procedure.

Name of Doctor: \_\_\_\_\_ Medical Council Reg: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_