NHS
King's College Hospital
NHS Foundation Trust

Flexible sigmoidoscopy

Information for patients

This information leaflet answers some of the questions you may have about having a flexible sigmoidoscopy. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any more questions, please do not hesitate to contact a member of staff.

Endoscopy Unit

King's College Hospital Nurses' Station	020 3299 4079
King's College Hospital Pre-assessment Clinic	020 3299 2775
King's College Hospital Reception	020 3299 3599
Princess Royal University Hospital (PRUH) Nurses' Station	01689 864028
PRUH Reception (male)	01689 864120
PRUH Reception (female)	01689 864723

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

Contents

Important information

Please make sure you read and follow the instructions in the following sections on pages 6 to 10:

- Do I need to prepare for the test?
- Do I need to stop taking my medication?
- What will I need on the day of the test?
- Things to remember?

Failure to follow this advice will result in your appointment being cancelled.

What is a flexible sigmoidoscopy?

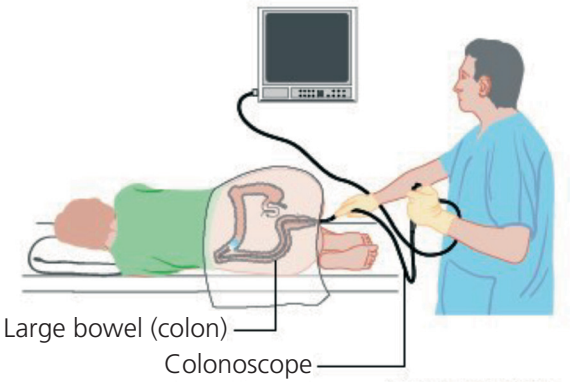

Image source: Cancer Research UK

A flexible sigmoidoscopy is a procedure to examine the inside lining of the first part of your large bowel (colon). We put a long, thin, flexible tube called a sigmoidoscope into your large bowel from your bottom (anus).

The sigmoidoscope is a bit thicker than your little finger and has a camera in its tip which sends video images of the inside of your colon to a monitor screen. During the examination, we can take biopsies or remove polyps (known as a polypectomy) through the sigmoidoscope.

Why do I need this test?

Your GP (home doctor) or hospital specialist has recommended you have this test to investigate the cause of your symptoms. Sometimes biopsies are taken at the same time to help with diagnosis. These are tiny pieces (samples) of tissue that we can look at in a laboratory.

It is important that you understand why you are having the procedure. If you are not clear about the reasons, please check with your hospital specialist beforehand, or the endoscopist who sees you on the day of your test.

What are the benefits?

A normal test result can reassure you that all is well.

A sigmoidoscopy can also help us to reach a diagnosis (sometimes by taking biopsies) to make sure you are on the best treatment.

We can remove polyps, if present, to reduce the risk of cancer developing.

We can also carry out other treatments such as treating internal haemorrhoids (piles) and abnormal blood vessels to prevent bleeding or anaemia and dilate stricture and put stents in if indicated. If you need any of these procedures, they should have already been explained to you.

A sigmoidoscopy can help us review the findings of any previous endoscopy.

What are the risks?

A sigmoidoscopy is an extremely safe procedure and complications are very rare. Complications can include the following.

- **Bleeding.** It is common to have bleeding after a biopsy. This lasts no more than a few seconds, so do not worry if you have a poo after the test and notice some blood. Bleeding after a polypectomy that leads to a short admission for observation, blood transfusion or surgery happens in less than 1 case in 200. We will let you know what to expect after your flexible sigmoidoscopy and who to contact if required.
- **Perforation** (a hole in the gut wall) which may require admission to hospital and possible surgery. Perforation occurs in less than 1 case in 5,000. Perforation following polypectomy happens in less than 1 case in 500. Perforation following dilatation effects less than 1 case in 33. Perforation following stenting happens less than 1 case in 10.
- **Drug reactions** may occur very rarely. If you do have a reaction, we will give you medication to reverse the effects.
- **Missed lesions.** If the bowel is not clear of poo or you can't hold the air we put in your bottom during the procedure to inflate your bowel, there is a small risk of abnormalities not being seen. If the endoscopist feels the views were unclear, they may request that you have a repeat sigmoidoscopy at a later date. Abnormalities are rarely missed.
- **Failure to complete examination.** If you need to have alternative examinations, your endoscopist will explain the reason why and how this will be managed.
- **Discomfort** from the air used to inflate your bowel. Please see the section 'Will it hurt?' on page 6.

If any of the above complications happen, you may be admitted to the hospital for observation or further treatment.

Are there any alternatives?

There are special x-ray tests which may be appropriate but we cannot take samples. This means that if we find an abnormality, you

may still require a flexible sigmoidoscopy.

The other alternative is to not have the test at all. This would result in no biopsies being taken, no diagnosis being made or no endoscopic treatment being performed.

Do I need to have a sedative?

Most people do not need a sedative because this is a quick test.

If you are anxious about having the test, then a sedative may help. It relaxes you but does not make you unconscious or 'knock you out'. You should still be able to talk to the staff during the test, tell them how you are feeling and see the monitor screen if you wish.

Will it hurt?

We may put air or gas into your bowel so that we can see well. You may feel 'wind' or cramps during the procedure and perhaps a sudden, sharp 'localised' discomfort as the tube is pushed around the bends.

If you are finding the procedure too uncomfortable, please tell the endoscopist. They may be able to change what they are doing.

The endoscopist takes biopsies or removes polyps during the test by passing thin instruments through the tube. This is unlikely to hurt and you may not feel it happening at all.

Do I need to prepare for the test?

- If you are expecting to have sedation for your procedure you must arrange someone to collect you from the department and stay with you for at least 12 hours. We cannot give you a sedative unless you arrange this. If you are having a sedative:
  - you must not have anything to eat for 6 hours before your

procedure time
  - you may continue to drink clear fluids up to two hours before your procedure time
  - see 'Do I need to have a sedative' on page 6 for more advice
  - see 'Advice after having a sedative' on page 13 for advice about things you should not do during the first 24 hours after having sedation
- We need to get a clear view of the inside of your sigmoid colon so it must be as clean as possible. Before the test, you need to use the enema sent to you with this leaflet to clear your colon of any poo. An enema is safe and easy to use. It needs to be used 2 to 3 hours before your examination and you will usually need to go to the toilet within 15 minutes of using it. See 'How do I use the enema?' below.
- Please do not eat or drink anything after you have given yourself the enema.
- If you cannot do the enema by yourself, a nurse can do this in the hospital during your admission, but you will need to arrive at the endoscopy department 1 hour before your appointment time if this is the case. Please note that the department does not open until 8am so please do not arrive before 8am.
- Some patients are asked to do a full bowel preparation for this test. If you have been instructed to do this, then follow the bowel prep instructions given to you during your pre-assessment.

How do I use the enema?

Please read through this information thoroughly before using the enema.

Use the enema around 2 to 3 hours before your appointment, even if you have just had a poo.

The phosphate enema should only be given through your bottom.

Before using the enema:

- make sure you are near a toilet
- find somewhere comfortable to lie down
- have a jug or bowl of warm (not hot) water ready
- have a towel to lie on in case of leakage

Do not use the enema if you are having treatment for kidney disease, active colitis or have bloody diarrhoea. If in doubt, contact the Endoscopy Unit and speak to a nurse.

Follow the steps below:

1. Warm the unopened enema bottle in a jug or sink of warm water to room temperature.
2. Remove the cap from the nozzle.
3. Lie on your left side, on the towel, with your knees drawn up.
4. Insert the full length of the nozzle carefully and gently into your bottom.
5. Slowly squirt the contents in.
6. Remove the nozzle from your bottom once you have finished and stay lying down.
7. Try to hold the liquid in for as long as you can – five minutes, if possible.
8. Go to the toilet when you can no longer hold it and you really feel like having a poo.
9. Stay near the toilet for the next hour.
10. Some people may experience mild stomach cramps for a short time. Occasionally, you can feel faint or dizzy. If this happens, lie down until you feel better.
11. The enema will have worked in the first hour, so after this time you should have no problem getting to the hospital.

If you do not have any bowel movements within an hour or if any significant bleeding occurs, contact the Endoscopy Unit for further advice.

Do I need to stop taking my medication?

If you are taking any medication which you have been told may thin your blood, please call 020 3299 2775 if you are a King's College Hospital patient or 01689 864028 if you are a PRUH patient and speak with a nurse. You may need to stop taking them for a short time.

If you take iron tablets, stop taking them at least one week before the flexible sigmoidoscopy.

If you are diabetic, and you feel you may need sedation for this test, call 020 3299 2775 if you are a King's College Hospital patient or 01689 864028 if you are a PRUH patient to ask for advice.

What will I need on the day of the test?

- Please wear comfortable, loose clothing.
- Please bring a list of any medications that you are currently taking.
- Please bring your reading glasses as you will need to read and sign your consent form.
- You may want to bring something to read while you wait or headphones to listen to music or a podcast.
- Please bring your appointment letter if you were sent one.
- You may need to change into a hospital gown for your test, so you may want to bring a dressing gown and slippers to wear for walking to the toilet.
- Please bring a re-usable bag to put your belongings in while you are having your test or procedure.
- Please consider walking or using public transport on your way to the hospital, if you are able, to reduce the carbon footprint of your appointment.

- If you use a NIPPY at home for sleep apnoea, please remember to bring it with you.
- Don't forget you will need to use an enema at least 1 hour before the test.
- There is no general public car parking at our King's College Hospital, Denmark Hill site. Please see our website for further information: www.kch.nhs.uk/patientsvisitors/getting-to-kings/parking

Things to remember

- Your appointment time is the time you are expected to arrive in the department. However, you should plan to be in the Endoscopy Unit for the whole morning or afternoon. The department has 5 rooms running at the same time and also accommodates emergencies. Someone with a later appointment than you may be seen before you. If you have any concerns, please ask a member of staff.
- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- We cannot take responsibility for any valuables. Your things will be kept with you at all times (on a shelf on the examination trolley).
- The waiting room has limited seating, please be aware that only one escort can remain in the waiting room throughout your stay. Escorts will not be allowed into clinical areas.

What happens when I arrive for my test?

When you arrive, a nurse will complete the health assessment with you, if you have not already done so. A member of the clinical team will come and explain the procedure to you.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

What happens before the test?

We will ask you to change into a hospital gown, remove your underwear and, if available, put on modesty shorts in a changing cubicle. We will then make you comfortable while you wait for your procedure.

If you cannot do the enema by yourself, a nurse can do this in the hospital during your admission. You will need to arrive 1 hour before your appointment time if this is the case. Please note that the department does not open until 8am so please do not arrive before 8am.

If you are having a sedative, a nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you the sedative injection.

You will then be taken into the endoscopy room. The nurse will attach a monitor to your finger to measure your oxygen levels during the test and you will be given oxygen through nose 'prongs'. If you are having a sedative, they will also attach a blood pressure monitor. A nurse will be with you at all times during your procedure to reassure you and talk you through what is happening.

If you are having a sedative, you will be given it just before the start of the test.

What happens during the test?

When you are ready, the endoscopist will put the sigmoidoscope into your bottom and move it along the length of your left-sided colon.

They may ask you to change position to:

- make you more comfortable
- make it easier to pass the sigmoidoscope around your bowel
- make sure they can see as much of the inside lining of your bowel as possible

Photographs and videos will be taken during the procedure for the purpose of adding clinical information to your medical notes. Additional consent is required for these images to be used for any other purpose.

Trainees often attend the department to gain skilled supervised training. You have the right to refuse being treated by a trainee. Your treatment will not be affected by your decision.

How long does the test take?

It usually takes 15 minutes. It may take longer depending on what needs to be done.

What happens after the test?

Your recovery time will depend on whether you have had a sedative. You should plan to spend the whole morning or afternoon of the test in the Endoscopy Unit.

If you have had a sedative, you will need to stay until this has worn off. This usually takes at least 30 to 45 minutes. If you have not had a sedative, you can leave as soon as you are ready.

We will make sure you have all the documentation and instructions you need. We will also send a copy of the report to your GP.

Advice after having a sedative

If you have a sedative you may feel tired, dizzy or weak straight afterwards. You must have someone to collect you from the Endoscopy Unit and stay with you for at least 12 hours.

During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependents alone

What happens when I go home?

- You may feel bloated and have some mild cramps due to air or gas that was put into your bowel during the procedure. This usually settles within 24 hours. We encourage you to pass wind to ease these symptoms. If you keep getting wind pain, we advise you to lie on your side and bring your knees up to your tummy into the foetal position. You can also walk around if you are stable on your feet.
- You may notice a little blood with your next poo, on your underwear or toilet tissue.
- If you have had full bowel prep rather than just an enema, it may take up to three days before your colon fills up and you have a poo.
- You can eat and drink as normal and continue to take your regular medication unless advised otherwise.
- We recommend you drink plenty of fluids to keep hydrated.

Please contact your GP if you have any of the following symptoms:

- severe abdominal (tummy) pain and bloating

- passing a large amount of blood or clots through your bottom
- pooing black (tarry) stools
- temperature of 37.4°C and higher
- chills

When will I get my results?

Before you leave, we may give you a copy of your test report. We will also give you any instructions you need. We will also send a copy of the test report to your GP (home doctor).

Who can I contact with queries and concerns?

If you have any questions, such as what to do about medication, before or after your procedure, contact the relevant Endoscopy Unit, 9am to 5pm, Monday to Sunday.

- King's College Hospital Endoscopy Pre-assessment Clinic, tel: **020 3299 2775**
- PRUH Nurses' Station, tel: **01689 864028**

If you want to change your appointment or need another information leaflet, contact the relevant Endoscopy Unit Reception, 9am to 5pm, Monday to Friday.

- King's College Hospital Reception, tel: **020 3299 3599**
- PRUH Reception, tel: **01689 864120** (male)
- PRUH Reception, tel: **01689 864723** (female)

Out of the hours above, for urgent worries or queries, you may call NHS Direct on 111 or go to your nearest Emergency (A&E) Department and take a copy of your report with you.

The Endoscopy Department is working hard to reduce the impact of its service on the environment. To find out more,

please see www.kch.nhs.uk/services/services-a-to-z/endoscopy/

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:
Tel: **020 3299 3601**
Email: **kch-tr.palsdh@nhs.net**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND
Tel: **01689 863252**
Email: **kch-tr.palspruh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net

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Urgent and Planned Care
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