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# Flexible Sigmoidoscopy

What you need to know about your  
flexible sigmoidoscopy procedure.

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## Flexible Sigmoidoscopy

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# You have recently spoken to a Specialist Screening Practitioner about a flexible sigmoidoscopy procedure.

We use a flexible sigmoidoscopy to look at the lining on the left side of your large bowel (colon) to see if there is any disease.

We also take small samples of your bowel (biopsy) to check in the laboratory, if necessary.

The instrument we use is called a colonoscope (scope) and is flexible. It has a camera and a light which we can point onto the lining of your bowel. The pictures are shown on a screen so we can check whether or not you have any disease or inflammation.

## Preparing for the investigation

How you prepare your bowel for a flexible sigmoidoscopy will depend on why you need the investigation. The Specialist Screening Practitioner will have explained this to you and told you the type of bowel preparation you will need. There are two ways of preparing.

- 1 Before the day of the investigation.
- 2 On the day of your investigation.

If you have any questions please contact your Specialist Screening Practitioner or phone our free helpline on 0800 294 3370.

- You should drink plenty of water before your investigation.
- You should bring your dressing gown and slippers.
- Please do not bring anything valuable with you.

## Before the day of your investigation

If your Specialist Screening Practitioner has told you that you need to start preparing your bowel before the day of your investigation, you must do the following.

### Two days before your investigation

Eat a low-fibre diet and drink lots of water.

### One day before your investigation

Follow the instructions from your Specialist Screening Practitioner about what you can eat and drink.

### On the day of your investigation

If your Specialist Screening Practitioner has told you that you can have your bowel preparation in the hospital endoscopy department before your procedure, please read the following.

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- You will have a bowel preparation (usually an enema) one hour before your investigation
- An enema is a small amount of laxative put into your back passage through a small tube.
- The nurse in the endoscopy department will explain what will happen to you and give you time to ask questions.
- You will be asked to undress below your waist (in a private room).
- The nurse will ask you to lie on your left side.
- The nurse will put the enema into your back passage. This shouldn't hurt but may make you feel like you want to go to the toilet.
- You will be asked to stay on your side for about 10 minutes for the enema to work.
- There will be a toilet nearby.
- You will have privacy.

### What about my medication?

**You should carry on taking most of your normal tablets and medicines, but please consider the following.**

If you are taking iron medication, you must stop taking it one week before your investigation.

If you are taking medication that makes your bowel movements more solid you must stop taking it three days before your investigation.

This includes medication such as:

- Fybogel or Regularn;
- Loperamide (Imodium); and
- Codeine phosphate.

## Diabetics

If you are diabetic and you control it with insulin or other medication, please phone your Diabetic Nurse Specialist for advice before your investigation. You can also contact your Specialist Screening Practitioner.

## Anticoagulants

If you are taking medication such as Warfarin or Clopidogrel to thin your blood, please phone your Specialist Screening Practitioner.

## Allergies

Please phone your Specialist Screening Practitioner for information if you think you have a latex allergy or any other allergies.

## What happens when I arrive?

You should go to the endoscopy department and report to reception. You will need to tell them you are there for a flexible sigmoidoscopy.

## What happens next?

When you arrive in the hospital endoscopy department your Specialist Screening Practitioner will come to see you. You will be able to ask more questions about the flexible sigmoidoscopy and talk to them about any concerns you have.

The Specialist Screening Practitioner will make sure you understand the procedure. If you have not already done so, and you are happy to go ahead, we will ask you to sign a consent form to give your permission for the investigation.

You will be assessed by an endoscopy nurse. They will ask you about previous surgery or illness. They will record your blood pressure, heart rate and oxygen levels. If you are diabetic, your blood sugar level will be measured.

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The nurse may put a small cannula (a small plastic tube or needle) into the back of your hand or arm. This will be used to sedate you, if you have chosen to be sedated.

### How long will I be in the endoscopy department?

This depends on whether you have been sedated (given medication to make you relaxed and drowsy) and, if so, how quickly you recover. You should expect to be in the department for about three hours. The department also deal with emergencies and these can take priority.

### Sedation

If you have asked for sedation, we will give it to you through a cannula (a small plastic tube or needle) put into one of the veins in your hand or arm. It will make you slightly drowsy and relaxed but not unconscious. You will still hear what is being said to you and you will be able to follow simple instructions during the investigation. Some people do not remember anything about the flexible sigmoidoscopy afterwards if they have been sedated.

If you are sedated it can cause problems with your breathing, heart rate and blood pressure. These problems do not normally last long. While you are sedated we will monitor your breathing and heart rate. We will record any changes and deal with them. For this reason you will be connected to a machine which measures your oxygen levels and heart rate. We will also record your blood pressure. If you are diabetic, we will measure your blood sugar level. You will also be given oxygen through a mask or a tube in your nose if you need it during the procedure.

For 24 hours after you have been sedated you must not drive, drink alcohol, operate heavy machinery or sign any legally binding

documents. You will need someone to stay with you at home and **you must arrange for a family member or friend to pick you up.** You will need to give the nurse their phone number so they can contact them when you are ready to go home. You must also find a responsible adult to stay with you overnight.

## The flexible sigmoidoscopy investigation

The Colonoscopist and the nurses will meet you. You will be able to ask any questions.

The nurse looking after you will ask you to lie on your left side.

The Colonoscopist will gently put the colonoscope into your back passage. The scope will look at the left side of your large bowel and may be uncomfortable for short periods of time. Air is gently passed into your bowel during the investigation to make it easier to put the scope in. You may feel bloated during this time.

We may take samples from the lining of your bowel to check in the laboratory. We will keep these samples and may ask you if we can use them for research in the future.

A flexible sigmoidoscopy is the best way of checking where polyps (see below) have been removed from the left side of your bowel, or for removing a polyp in the left side of your bowel which has been found by another investigation.

The test is not 100% reliable. There is a small chance that it may miss something.

You should continue with bowel screening when invited and see your doctor if you have any symptoms or concerns.

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### What is a polyp?

A polyp is a small growth on the lining of your bowel. Some polyps are attached by a stalk, others are flat.

If we find polyps during the investigation we usually remove them. This is known as a polypectomy. We do this because they may grow and cause problems in the future, and even develop into cancer.

### After the investigation

You will be allowed to rest after the investigation. We will record your blood pressure and heart rate. If you are diabetic, we will measure your blood sugar level. Once you have recovered from the effects of being sedated (which normally takes about 30 minutes) you will be able to sit up. We will offer you a hot drink and something to eat.

Before you leave the department your Specialist Screening Practitioner will tell you what they have found. They will arrange to meet you a week later with the results if you have had any samples taken.

If you have been sedated, it may affect your memory for a short time. You should have a member of your family or a friend with you. We may give you a short written report.

### Risks of the flexible sigmoidoscopy investigation

You need to compare the risks with the benefit of having the test.

Most people suffer no side effects from the test. You can eat and drink as normal afterwards.

You must call your doctor or contact the endoscopy department if you have any of the following the flexible sigmoidoscopy.

- Stomach pain.
- Bleeding from your back passage.
- A high temperature.

The main risks of a flexible sigmoidoscopy are shown below.



## Perforation (tear in the bowel)

For 1 in every 15,000 tests, the procedure can tear (perforate) your bowel. You would need an operation to repair the tear. The risk of perforation is higher when polyps (small growths) have been removed.

## Bleeding

This may happen if a sample of your bowel was taken (biopsy) or if a polyp has been removed (polypectomy). The risk is about 1 for every 150 examinations where biopsies or polypectomies have been performed. Bleeding is not usually serious and should stop on its own.

## How to reduce your risk of bowel cancer

- Take part in the bowel screening programme when invited.
- Eat a high-fibre diet with plenty of fruit, vegetables and carbohydrates (such as wholegrain pasta, bread and rice).
- Exercise for 30 minutes a day, such as going for a brisk walk, swimming, or walking up a hill.

## You should see your doctor if you have any of the following

- Bleeding from your back passage or blood in your bowel movements.
- A change in your regular bowel movements (such as constipation or diarrhoea) for a period of six weeks or more.
- Serious stomach pains which start suddenly and continue, especially after eating.
- Unexplained weight loss.
- Unexplained anaemia (due to a lack of iron in your blood).



These symptoms may be caused by a range of conditions. If you have any of them you should make an appointment to discuss them with your doctor.

## What we do with your information

We need to keep some information about you. This is so we can invite people for screening and check on the progress of the screening programme. We take great care to keep your personal details private. We only share information with people who need it for legal or medical reasons, such as your doctor. If you want to know more about how we use the information, please ask for our leaflet 'How we use information about you'.

Does this require a new crystal mark number??

For more information, please contact our Freephone helpline on: **0800 294 3370**  
Or you can visit our website at:  
[www.bowelscreeningwales.org.uk](http://www.bowelscreeningwales.org.uk).

