

Having a Flexible Sigmoidoscopy

Information for patients, relatives and carers

① For more information, please contact:

Endoscopy Unit

York Hospital Patients:

The York Hospital
Wigginton Road, York, YO31 8HE

Tel: 01904 726694

Scarborough and Bridlington Hospital Patients:

Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL

Tel: 01723 385141

If you become ill or cannot keep your appointment for any reason, please tell us as early as possible so that another patient can be offered treatment.

We will rearrange your appointment.

York, Scarborough and Bridlington patients please telephone the endoscopy waiting list team on:
01904 724111 between 8am and 5pm.

To cancel your appointment out of hours, with at least 48 hours' notice, please use our online form:
www.yorkhospitals.nhs.uk/appointment

If you have a stoma, pacemaker, have diabetes, other health issues (listed on page 10), or are on blood thinning medication please see the advice given on pages 7-10 of this booklet and contact us before your appointment:

If you are a York Hospital patient please contact the pre-assessment nurses on York: 01904 724527.

If you are a Scarborough/Bridlington patient, please phone the automated helpline on 01723 342905.

If you receive a consent form in the post, please **read and sign** this before your procedure and bring it with you.

If you have doubts that need discussing before signing please bring the form and discuss it with the nurses at admission.

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Information about consent

This leaflet contains information about having a flexible sigmoidoscopy. It explains what will happen before, during and after the procedure. It also tries to answer some of the questions you may have.

If you do not fully understand anything about the procedure, please ask. We are there to help you and will always make time to listen to you and answer your questions.

You have been advised by your GP or hospital doctor to have this investigation.

This procedure requires your formal consent.

If you are unable to keep your appointment, please notify the waiting list team as soon as possible:

At York Hospital phone 01904 724111. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation. Please bring the enclosed consent form with you when you attend for the procedure. The consent form is a legal document therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please **sign** and date the consent form.

You will notice that the consent form is duplicated. Please bring both copies to your appointment. You will be given the duplicated copy of your consent form back on discharge.

If however there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken to a health care professional.

What is a flexible sigmoidoscopy?

Flexible sigmoidoscopy is a way of looking at the lower part of your colon (large bowel) and rectum. The procedure is carried out by someone with special training called an endoscopist. It will take place in a specially designed department called the endoscopy unit.

The endoscopist uses a colonoscope, which is a long, slim, flexible instrument. It has a bright light and small lens at its tip. The colonoscope allows the endoscopist to view the inside of your colon and rectum on a video monitor.

The endoscopist can pass a smaller instrument down the colonoscope so that they can take a small sample of your tissue (biopsy) or remove small growths (polyps) from the wall of your colon. This part of the procedure is painless. It is an important part of assessing your condition.

What are polyps and do we need to remove them?

A polyp is a clump of cells that grows from the inner lining of the large bowel that protrudes into its lumen (hollow centre). Most of these polyps are harmless but a small number can develop into cancer over time.

Removing polyps is an effective way of reducing the risk of developing bowel cancer. If we find polyps, we can usually remove them painlessly during the examination.

If numerous or large polyps are discovered you may require a full Colonoscopy to check the rest of the bowel.

What do I do before my appointment?

Please follow the advice on the next page about medications. You may need to stop some medications you are taking before your sigmoidoscopy.

We ask you to have an enema **at home about one hour before you leave to come for your appointment**. An enema is necessary to clean your bowel. Please follow the instructions provided.

The enema will be sent in a separate envelope.

If you feel you cannot do the enema yourself, please bring it with you to the hospital. One of the Nurses will administer your enema before your test. Please inform the Endoscopy Unit before hand, if unable to do.

! If you have a stoma please contact us for advice:

York Hospital patients: 01904 724527
Scarborough/Bridlington Hospital patients: 01723 342905
Please leave your details and we will get back to you.

Your appointment time is not the time we will do your procedure as you will be assessed by a nurse first.

Please expect to be on the unit for up to four hours.

What if I have a pacemaker?

If you have any implantable cardiac device, such as a pacemaker or internal defibrillator please let us know as this may need adjusting on the day of your procedure.

York Hospital patients please call the pre-assessment nurses on 01904 724527.

Scarborough and Bridlington Hospital patients please call our automated helpline on 01723 342905.

What if I have diabetes?

We need to know if you have diabetes. If you have tablet or insulin treated diabetes we may need to give you advice about how to prepare for the procedure and how you take your medication. If you have not received any specific diabetes information, please contact the following numbers for advice:

If you are being treated in York please ring the pre-assessment nurses on 01904 724527

If you are being treated in Scarborough or Bridlington please ring the Endoscopy automated helpline number for advice on 01723 342905.

What if I am on blood thinning medication?

If you take any of the following blood thinning medications you need to let us know:

- Warfarin
- Apixaban
- Edoxaban
- Dabigatran
- Rivaroxaban
- Clopidogrel
- Ticagrelor
- Prasugrel
- Dipyridamole

If you are a York Hospital Patient:

You will need to inform the pre-assessment nurses on 01904 724527.

If you are a Scarborough or Bridlington Hospital Patient:

You will need to phone the automated helpline on 01723 342905.

We will advise whether or not you should continue taking these drugs in the days leading up to the procedure.

Although **Aspirin** is a medication which thins the blood it is safe to continue and we therefore do not need to know about this.

What about other medications?

You must stop taking iron (ferrous sulphate or fumarate) tablets for five days before your procedure.

You can continue any other medication as usual.

What about other health issues?

Please ring the us as soon as possible if any of the following apply to you:

- You have an abnormal or artificial heart valve or a blood vessel graft.
- You have been advised that you need antibiotics before an operation or dental treatment.
- You have been informed that you are at risk of **CJD** or **vCJD** for public health purposes.

If you are a York Hospital Patient:

Phone the pre-assessment nurses on 01904 724527.

If you are a Scarborough or Bridlington Hospital Patient:

Phone the automated helpline on 01723 342905.

Do I need to change what I eat?

Ideally five days before your Flexible Sigmoidoscopy, we recommend you do not eat **foods containing fibre**.

Please see guide below on what to eat and what to avoid:

Foods	Avoid	Allowed
Breads & Flours	Wholemeal, granary, rye, seeded, brown bread or rolls, wholemeal flour	White bread or rolls, English muffins, plain bagels, white flour or cornflour e.g. Yorkshire pudding
Pasta & Rice	Wholemeal pasta, brown rice	White pasta/noodles, white rice, cous cous
Cereals	Wholegrain cereals e.g. Weetabix, All Bran, Bran flakes, Fruit & Fibre, Shreddies, Shredded Wheat, Muesli, Porridge, Ready Brek, bran	Rice or corn based cereals e.g. Rice Krispies, Ricicles, Puffed Wheat, Coco Pops, Cornflakes, Frosties, Special K (Original)

Foods	Avoid	Allowed
Nuts & Seeds	All nuts, seeds and foods containing them	None
Biscuits & Snacks	Avoid all cakes, biscuits, sweets	Plain Ice Cream, Custard, Milk, Natural Plain Yoghurts
Meat & Alternatives	Red meat or fish dishes containing vegetables, Quorn, sausages ,pies	White meats, skinless chicken, grilled or poached fish, eggs, cheese , Tofu
Other	Any foods containing ingredients listed above e.g. homemade vegetable or packet soups, jam or marmalade with pips or	Jam or marmalade without seeds, pips or rind, Clear soups, smooth condiment sauces e.g. ketchup, mayonnaise, mustard. Butter, margarine

Foods	Avoid	Allowed
	rind, any food with dried fruit	
Fruit	All fruit and salads	None
Vegetables	Beans & pulses e.g. peas, beans, baked beans, lentils, kidney beans, soya beans, chickpeas. All vegetables	Potatoes boiled or mashed.

What happens when I arrive at the Endoscopy Unit?

Your appointment time is not the time we will do your procedure as you will be assessed by a nurse first. Please expect to be on the unit for up to four hours.

The nurses will introduce themselves and explain what will happen during your stay. You will be asked about the medicines you are taking and any allergies you may have. We will also check your arrangements for going home and, if necessary, who will look after you.

The nurse will check your details with you and (if this has not already been done) ask you to sign a consent

form (reference FYCON30-1 Colonoscopy / flexible sigmoidoscopy). If you have received a consent form in the post and have signed it, they will check this. By signing the consent form, you are saying that you:

- fully understand the procedure,
- fully understand the risks and benefits,
- are aware of the alternatives, and
- agree to have the examination.

Please ask if there is anything you do not fully understand about the procedure or if there is anything you are uncertain about. You may change your mind and withdraw consent at any time, even after you have signed the form.

What happens before my flexible sigmoidoscopy?

We will ask you to change into a hospital gown (please bring a bag with you for your belongings).

We will take you to the examination room where we will check your identity as part of our safety procedures. The endoscopist will check that you still consent to have the flexible sigmoidoscopy.

We will ask you to lie on your left side. A nurse will stay with you during the procedure and help you to change position during the examination, if required.

We will monitor though out the procedure by attaching a clip (pulse oximeter) to your finger.

I have been told there will be trainees in the list, what does this mean?

We take the training of endoscopists very seriously. Our Trust is committed to teaching, training, and research to support the development of staff and improve health and healthcare in our community. We provide specific training lists for the next generation of endoscopists. All training lists have a reduced number of procedures in order to facilitate careful training. The training is always closely supervised by accredited endoscopists. In addition, we monitor all results and outcomes of both the trainees and the individual endoscopists. We also have a feedback mechanism so trainees' progress is scrutinised and monitored. You can opt out if you do not want trainees to attend.

Will I have sedation?

We don't routinely give sedation for flexible sigmoidoscopy because usually it only causes mild discomfort.

If the procedure is more uncomfortable or the endoscopist thinks you will benefit, we would first offer you a medicine called Entonox[®] (a mix of nitrous oxide & oxygen). It is a powerful pain relieving agent and is used for labour pains. Which you can take as much or as little as you require, you are in control. The nurse will explain to you, how to use. Entonox can make you feel relaxed. However over usage can cause nausea and light headedness. This is breathed in through a special mouthpiece.

Additional painkillers are not routinely needed. However, if Entonox[®] is ineffective, we can give you a mild sedative also. This will make you sleepy and relaxed. A needle(cannula) will be inserted into your arm/hand, and the sedation given via the needle (cannula).

If you do have sedation we will give you some oxygen via a nasal cannula, which is two short plastic prongs that fit into each nostril. This is because sedation can depress your breathing.

Please see the following list of medication to help you identify if you need an accompanying adult to take you home and read the summary in the section "when can I go Home".

Please note: Public transport means any type of transport that would not be able to turn around and bring you back to hospital if you felt unwell.

Fentanyl (strong pain relief)

You will need adult supervision if you are discharged before one hour after having your procedure. You will not need adult supervision if discharged over an hour after your procedure. You must not drive or operate machinery for 24 hours.

Midazolam (sedative)

You will need adult supervision, recommended for 24 hours and a minimum of three hours. Avoid using public transport. You must not drive, operate machinery, drink alcohol, or sign legal documents for 24 hours.

Midazolam + Fentanyl

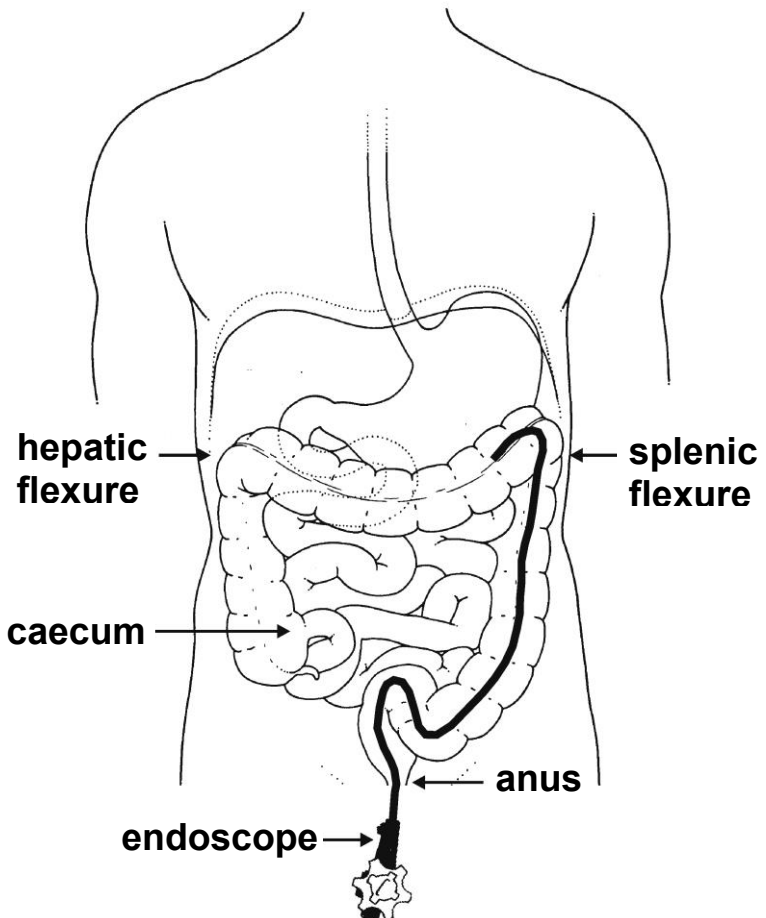
You will need adult supervision, recommended for 24 hours and a minimum of four hours. Avoid using public transport. You must not Drive, operate machinery, drink alcohol, or sign legal documents for 24 hours.

Entonox[®] (Gas and Air)

You will be allowed to leave the unit 30 minutes after your procedure without adult supervision. You can then use public transport and drive. There are no other restrictions after this medication.

What happens during the flexible sigmoidoscopy?

You will be lying on your left side. We will gently insert the colonoscope through your anus and into the colon (large bowel). We will pass air through the colonoscope tube to distend (enlarge) your colon; this gives us a clearer view.



You may have some wind but it will not last long. You may also have the sensation of wanting to empty your bowels but, as your bowel is empty, this will not happen.

Do not worry if you pass wind during the procedure, this is normal and encouraged.

During the procedure, the endoscopist might take small pieces of tissue (a biopsy) or remove any polyps (small growths) from your colon wall.

When the endoscopist has completed the examination, they will remove the colonoscope safely and painlessly. The procedure usually takes between 10 and 15 minutes.

We will be monitoring you though out the procedure.

I have been told that photos or videos may be taken, why would they be needed?

As part of your treatment, photos of your bowel may be kept in your medical records.

Occasionally, a video recording is made to help us to assess the quality of the procedure you have had. You cannot be identified from the video recording. The recording is destroyed when an assessment of the quality has been made.

What are the benefits of having a flexible sigmoidoscopy?

The procedure gives us valuable information to help us diagnose and treat your condition. It can avoid the need for surgery to take biopsies or remove polyps. The recovery time is, therefore, quicker and the risk of complications is low.

What are the alternatives to a flexible sigmoidoscopy?

Having a CT colonography is also an alternative. This is less invasive than a conventional flexible sigmoidoscopy. It involves using a CT scanner and x-rays to produce two and three-dimensional images of the entire colon and rectum. The views are very good, but it involves exposure to radiation. A CT colonography does not allow us to do a biopsy or remove polyps. You would need to have a full bowel preparation with a low residual diet and a laxative.

Having a flexible sigmoidoscopy means that you are not exposed to radiation.

However, your consultant has considered alternatives and has decided the best and most appropriate treatment would be to complete a flexible sigmoidoscopy.

What are the risks in having a flexible sigmoidoscopy?

Flexible sigmoidoscopy is a very safe procedure. The most common 'side effect' is discomfort.

In a small number of cases (about 1 in 1000), there may be bleeding. Most of this bleeding will be minor and may stop on its own. However, if you are worried please contact the hospital.

More rarely, there is a risk of getting a tear in the bowel wall (perforation). If a perforation occurs, urgent treatment is essential and we will admit you to hospital, depending on the perforation. Perforations can heal on their own or surgery may be required.

The risk of bleeding and perforation occurring is slightly higher if we are doing a biopsy or removing polyps.

All the instruments we use are cleaned thoroughly by hand and machine using special disinfectant so the chance that they will pass on infection is extremely small.

Does flexible sigmoidoscopy detect all large bowel polyps or tumours?

There is a very small chance that we may have missed significant polyps or tumours. It is also possible that the examination was incomplete and we need to do another investigation.

If you develop new symptoms, it is important that you discuss this with your GP.

What happens after the flexible sigmoidoscopy?

If you have had Entonox[®] or no medication at all, the endoscopist will immediately discuss their findings with you. We will take you to the recovery area and offer you a drink before you go home.

If you have had sedation, you will go to the recovery area to rest until we are happy that you are awake enough to sit in a chair. We will then offer you a drink. The nurse will explain the results of the examination and any treatment you have had. We will send a letter and a full report to your consultant and your GP.

You may feel a little bloated with wind pains but these usually settle quickly.

When can I go home?

It is essential that you have someone to accompany you home unless you have had no sedative drugs or Entonox® alone. A responsible adult must accompany you for a **minimum of three hours** after the last dose of sedative or a **minimum of four hours** if you have had both a sedative and strong pain relief, but we recommend supervision for a full 24 hours. Please see the list of medications in this booklet to help you identify if you need an accompanying adult to take you home. These precautions are very important. If you feel that you cannot make these arrangements please let us know in plenty of time before your procedure by contacting us:

If you are being treated in York contact the pre-assessment nurses on 01904 724527.

If you are being treated in Scarborough or Bridlington phone our automated helpline on 01723 342905.

If you have had a sedative, you must not drive yourself, operate machinery, drink alcohol, return to work, care for small children or sign legal documents for at least 24 hours following your examination.

What happens before I leave the endoscopy unit?

A nurse will go through the discharge instructions with you and tell you about the care you need at home. The nurse will give you any necessary follow-up papers and appointments.

Please ask if you are unsure of any of the instructions or if you have any concerns please ring us:

If you are being treated in York contact the pre-assessment nurses on 01904 724527.

If you are being treated in Scarborough or Bridlington phone our automated helpline on 01723 342905.

When will I get my results?

If biopsies have been taken or polyps removed, it generally takes approximately six weeks for the results to be available. If your consultant does not contact you after six weeks, please ring your GP.

Instructions and advice for when you go home

Can I bath or shower?

You may bath or shower as usual. If you have had sedation and you bath or shower in the 24 hours following your flexible sigmoidoscopy, you may feel lightheaded or faint. We suggest that you leave the bathroom door unlocked and arrange for someone to check on you from time to time. You may use any safety equipment that you usually use.

When can I resume my usual activities?

You can eat and drink immediately after the procedure.

If you haven't had sedation, you can resume all your day to day activities immediately after the procedure.

If you have had sedation, you can resume your day-to-day activities 24 hours after your flexible sigmoidoscopy. You must not drive for 24 hours if you have had sedation.

What should I do if I have any problems or worries about my flexible sigmoidoscopy after going home?

If you have problems in the first 24 hours after you leave hospital please contact us.

Please telephone the Endoscopy Unit on:

York Hospital Patients: 01904 726694

Scarborough and Bridlington
Hospital Patients: 01723 385141

Out of hours, please telephone the hospital on:

York: 01904 631313 or

Scarborough and Bridlington: 01723 368111

and ask for the 'on call surgical registrar'.

If you have problems after 24 hours,
please contact your GP.

A checklist for patients

- ☐ Bring your consent form with you to your appointment.
- ☐ Please ring if you have a pacemaker or are on blood thinners
- ☐ Do bring a clean dressing gown with you if you wish.
- ☐ Do bring a bag with you for your belongings, as you will need to change into a hospital gown.
- ☐ Please bring a list of your medications with you.
- ☐ Do bring something to help pass the time while you wait on the Endoscopy Unit, e.g. books, magazines.
- ☐ Do arrange for an adult to accompany you home and your transport home. We strongly advise that the adult stays with you for 24 hours following sedation. You may wish to bring change if you are going to use the hospital car park. Remember if you have had sedation, you **must not** drive for at least 24 hours.

The section on consent is taken with adaptations from the British Society of Gastroenterology patient leaflet “colonoscopy – the procedure explained” dated June 2005. Used with permission.

[illegible]

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

York Hospital patients contact: Sister Michelle Robinson, Endoscopy Unit, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 726690.

Scarborough/Bridlington Hospital patients contact: Sister Sue Thomson, Endoscopy Unit, Scarborough Hospital, Woodlands Drive, Scarborough, YO12 6QL, telephone 01723 385106.

Teaching, training, and research

Our Trust is committed to teaching, training, and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:
www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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