

## **FLEXIBLE SIGMOIDOSCOPY - PATIENT INFORMATION SHEET**

You have been advised to have a flexible sigmoidoscopy to help find the cause of your symptoms. This test is the most accurate way we have of looking at the lower large bowel (colon) to establish whether there is any disease present. It also allows a sample of tissue (biopsy) to be taken for examination by the pathology department if necessary and removal of polyps (which are like little cherries) that can grow on the bowel wall.

### **Preparation:**

To allow a clear view by the endoscopist, the lower bowel must be completely empty of waste material. When you come to the hospital for your flexible sigmoidoscopy, you will be given an enema (you may have received this at home) to clear the lower bowel. It is important to tell the doctor or nurse about any drugs you are taking and in particular about any allergies or bad reactions you may have had. It is also important to make sure that we know of any heart valve problems requiring antibiotics. You will usually be asked to undress and to wear a gown.

In the endoscopy room, you will be made comfortable lying on your left side with your knees drawn up. Occasionally sedation may be used. In this case, a needle will be placed in your arm and you will be given a sedative injection to make you drowsy. You may be given oxygen through your nose.

### **Are There Any Risks Involved?**

**Peritonitis.** 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). This nearly always requires an operation to repair the hole. The risk of this happening is approximately 1 in every 15,000 examinations.

**Bleeding.** If a polyp is found, then this needs to be removed since the majority of polyps are the type which can turn into cancer if left untreated for a long period of time. Removing them when still benign, eliminates this risk. A polyp is usually removed by using a small electric current to burn through the base and then separate it from the bowel wall. The risks of removing the polyp include bleeding. This can often be stopped straight away but may occasionally be more serious or even occur a few days later. Depending on the size of the polyp, this may occur for every 1 to 200 polyps removed. The other risk from removing a polyp is of making a hole in the bowel wall, which would then require surgery.

If you have any questions about the procedure, your doctor or nursing staff will be only too pleased to answer them.