



Colonoscopy and Flexible Sigmoidoscopy

Information for patients

Introduction

This leaflet has been written for patients who have been referred for a colonoscopy or flexible sigmoidoscopy procedure at the hospital.

What is a colonoscopy or flexible sigmoidoscopy?

A colonoscopy is a procedure that allows the doctor to examine the large bowel ('colon'). A flexible sigmoidoscopy is a quicker test that examines only the last part of the large bowel ('sigmoid colon' and 'rectum'). Both tests are carried out using an 'endoscope', a narrow flexible tube with a light at one end that transmits an image to a camera. This is passed through the back passage (bottom) and around the bowel. The colonoscopy will take approximately 20-30 minutes dependent on the quality of bowel preparation and findings. Flexible sigmoidoscopy will take approximately 10-20 minutes again dependent on the findings and quality of bowel preparation.

The procedure may cause discomfort as air is passed through the endoscope into the bowel, however this will be assessed and addressed depending on the procedure carried out.

Your care will be adapted to meet your individual needs and may differ from what is described here, so it is important that you follow your doctor's advice.

Why do I need a colonoscopy or flexible sigmoidoscopy?

A colonoscopy or flexible sigmoidoscopy is done to investigate symptoms such as:

- persistent diarrhoea or change in bowel habit
- bleeding from your back passage
- anaemia (low levels of red blood cells)

It is also used to check for certain bowel conditions such as:



- inflammation (for example, ulcerative colitis or Crohn's disease)
- early signs of bowel cancer
- polyps (benign or non-cancerous growths).

What are the alternatives?

Barium enema X-ray or CT (computed tomography) scanning are alternatives but colonoscopy remains the most accurate test for detecting large bowel diseases. Colonoscopy also allows tissue samples to be taken to help reach a diagnosis.

Is colonoscopy or flexible sigmoidoscopy safe?

All procedures carry some risk, but these tests are very safe. Minor complications are uncommon and major complications are very rare. These include:

- a reaction to the sedative, such as a skin rash, or difficulty in breathing
- a tear in the colon (perforation) which may require surgery to repair
- bleeding from where a polyp (benign or non-cancerous growth) has been removed

How do I prepare for the procedure?

Your bowel needs to be empty for the test to be successful. Your specific instructions are provided on a separate sheet, but the general recommendations are that you should:

- stop eating solid food the day before the test
- drink plenty of clear fluids in the 24 hours before your test
- take a strong laxative - the effects of this laxative can be quite powerful and you will need to stay close to a toilet.

Sometimes a flexible sigmoidoscopy test can be performed without dietary restriction or strong laxatives, but with a liquid enema given by a nurse 30 minutes prior to the test to clear the lower bowel.

If you are a diabetic or taking warfarin or clopidogrel tablets please contact the Endoscopy Unit.



What will happen when I arrive for my test?

When you come to the department, you will be admitted by a member of the nursing staff. If you have any worries or questions at this stage don't be afraid to ask.

You will be asked to sign a consent form showing that you understand the procedure. The consent form is a legal document, so please read it carefully.

The test may be carried out using a sedative injection to make you feel drowsy and relaxed. It is not a general anaesthetic and you will not be unconscious, but you may not remember much about the procedure afterwards. You will need to bring a friend or relative with you to help you get home if you have had sedation.

What happens during the test?

Your test will be performed by a qualified endoscopist or a supervised trainee endoscopist. A qualified nurse will remain with you throughout the procedure. If you are having sedation a small needle will be placed in your arm. In the examination room you will be asked to lie on a trolley on your left side. A clip will be placed on your finger to check your pulse rate and oxygen level. Oxygen may be administered into your nostril. The endoscopist may give you sedation to make you feel sleepy.

The doctor will first examine the back passage with a gloved finger and some lubricating jelly. They will then pass the camera into the bowel and gently pass it around to the end (approximately 80cm). Air is pumped into your bowel to improve the views of the bowel wall. During the procedure you may be asked to turn from your side on to your back. At times colonoscopy can be uncomfortable, even with sedation. Flexible sigmoidoscopy is quicker and less uncomfortable and is often done without sedation.

If necessary, the endoscopist will take a biopsy (a small sample of tissue) and/or remove small benign growths of tissue called polyps using special instruments passed through the camera. You should not feel anything when this is done. The samples will be sent to a laboratory for further testing.

What happens after the test?

You will be taken into the recovery room. Once the staff are happy with your condition they will offer you a drink and a biscuit. You will be discharged by a member of the



nursing staff who will tell you the test result. Please expect to be in the unit for one to two hours.

Going home

If you have had sedation for the procedure, it is essential that someone comes to the department to pick you up. Once home it is important to rest for the remainder of the day. Sedation lasts longer than you think, so if you have had sedation you should not:

- drive a car
- operate machinery
- drink alcohol
- make important decisions or sign important documents

You may have some mild and temporary after effects following a successful procedure, including:

- feeling bloated and uncomfortable due to trapped wind
- feeling sleepy as a result of the sedative
- slight bleeding from your back passage if you have had a biopsy or polyp removed

Who can I contact if I have any questions or problems?

If you have any concerns or problems please contact the Endoscopy Unit:

Open between 0830 am – 5pm, Monday to Friday. Tel: 01895 279214

Who can I contact if I need help out of hours?

If any of the following occur in the first few days following discharge and the Endoscopy Unit is closed then you should contact your out-of-hours GP or attend the local A&E department:

Heavy bleeding from the back passage

Abdominal pain which is getting worse, or is more severe than any pain that you had before the test, with or without a high temperature.



Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

Fadlan waydii haddii aad warbixintan ku rabto luqad ama hab kale. Fadlan la xidhiidh 01895 279 973

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Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formie audio, poproś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

如果你需要這些資料的其他語言版本、大字体、或音頻格式，請致電01895 279 973
▪ 詢。

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