

Patient Information

Endoscopy Unit

Flexible Sigmoidoscopy

This booklet is to help you make an informed decision about agreeing to the procedure and to help answer any questions that you may have. It explains the diet you need to follow 2 days before your appointment.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a way to closely check lining of the left side of your large bowel (colon). This is to see if there are any diseases or inflammation. This allows us to take tissue samples called biopsies if needed. Biopsies are sent to the pathology department to be examined.

A flexible camera called a colonoscope is used. It shows the inside of your bowel on a screen. This lets the endoscopist check whether there is disease or inflammation present. If a sample needs to be taken, you should not be able to feel it. Photographs are taken during the procedure and kept in your medical records. If you choose to watch the procedure, please bear in mind that the images on the screen will make things look bigger than they really are.

Why do I need a flexible sigmoidoscopy?

The test is used to find the cause of your symptoms, help with treatment and to decide if any further treatment or investigation is required. It is also used for follow-up inspection of previous disease or to assess the clinical importance of an abnormality seen on an X-ray.



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Please contact your GP immediately if your condition or symptoms gets worse before your appointment.

What are the alternatives?

A barium enema is the alternative to a flexible sigmoidoscopy. The advantage of a flexible sigmoidoscopy is that samples can be taken in the same procedure, saving the need for a second examination.

Risks?

A flexible sigmoidoscopy is known as an invasive procedure, which can lead to complications. Serious complications are extremely rare. The most serious risk is the endoscope damaging your colon during the test. This can cause an infection, bleeding or a tear (perforation) of the lining of the bowel. If this were to happen, your abdomen may become painful and bloated and you may need medicine or surgery to treat the problem.

If a biopsy is taken or a polyp is removed during the procedure, you may pass a small amount of blood from your bottom (anus) afterwards. This should only happen up to 12 to 24 hours after the test and is usually no more than a few teaspoons full.

Sometimes your procedure may have to be stopped or may be incomplete. This can happen if you find the procedure too uncomfortable or if the bowel preparation did not empty your bowel completely. In this case, the test may need to be repeated or we may suggest a different procedure.

Medication

Please continue to take your regular medication as prescribed, unless you are taking any of the following:

- Iron tablets: You must stop these **1 week before** your appointment.
- **Stool bulking agents** such as **Fibogel, Regulan, Proctofibre, Loperamide (Immodium) or Codeine Phosphate**. You must stop these **3 days before** your appointment.

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- **Anticoagulants** – Please contact the Endoscopy unit on 024 7696 6805 if you are taking blood thinning medications such as **Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Edoxaban, Dabigatran, or Prasugrel**
- **Diabetes:** if your diabetes is controlled with **insulin** or **oral medication**, please contact the Endoscopy Unit. We will make sure you have received a diabetic information leaflet. This is so you are seen in a timely manner.

Please contact the unit if you have an allergy to Latex.

Preparing for the procedure

You must have a clean and empty lower bowel. This is to make sure the endoscopist has a clear view to complete a full assessment.

To achieve this, you must:

- Start a strict diet **2 days before** your appointment.
- fluids only until after your procedure.
- start bowel preparation (laxative medicine) **1 day before** the appointment.
- read the bowel preparation timing instructions corresponding to your appointment time and drink plenty of clear fluids.

Suggested diet starting 2 days before your appointment

Fibre is the part of cereals, fruit and vegetables which impairs the view at the procedure. With this in mind, we ask that you have only a **low fibre diet** starting this day.

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Allowed food (low fibre)	Food not allowed
All meats (must be lean and tender), fish and eggs	All fruits and vegetables
White breads, pasta, rice, mashed or boiled potatoes (without skin)	Any food containing wholemeal or bran – wholemeal bread, pasta, rice, cereals and biscuits
Yorkshire puddings, pancakes, cream crackers, water biscuits, any pastry containing white flour, crisps	Digestive and coconut biscuits, oat cakes, Ryvita etc
Clear and puree soup	
All fruit Juice (smooth without bits)	
Boiled sweets, toffees, plain or milk chocolate	
Sponge cake, madeira Cake, shortcake	
Ice cream, ice lollies	
All flavours of jelly (except blackcurrant or red jelly)	
Honey, marmalade, golden syrup and treacle	
Fruit squash, fizzy drinks	
Tea and coffee (small amount of milk)	

If you have specific dietary needs, such as gluten free diet for coeliac disease, please first refer to public or patient educational charities/organisation for information on equivalent low fibre containing foods.

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If you have questions after this, contact the endoscopy unit on 024 7696 6805.

Suggested Diet 1 day before your procedure

You can have breakfast from foods in the 'Allowed food (low fibre)' list above. After your breakfast, you must not eat any solid, semi-solid or soft food.

You should keep to **liquid drink only** and drink plenty of fluids from the list below.

Fluids Allowed	
Tonic or soda water	Tea and coffee (small amount of milk)
Water	Lemonade
Smooth fruit juice	Oxo/bovril
Fruit squash	Clear soup and broth (no noodles or vegetables)

You may still eat all flavours of jelly (apart from blackcurrant or red jelly), boiled sweets and clear mints.

If you do start to feel light-headed, please add sugar or glucose to your drinks.

Do not have thickened drinks or soups using flour.

On the day of your procedure

Keep to **liquid intake only**. You can continue drinking the allowed fluids until you attend your appointment.

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Bowel preparation

We need the left side of your bowel to be clean to make sure a clear examination. In addition to the suggested dietary changes, bowel preparation for flexible sigmoidoscopy may be achieved by:

1. A phosphate enema.
2. An oral laxative (Picolax), followed by a phosphate enema.
3. Oral laxatives only and no enema (please refer to a different Information Leaflet)

The doctor who requested this test, along with the appointment letter, should advise you on the most appropriate option. A prescription will be provided if necessary.

Self-administration option of phosphate enema

For outpatients, the phosphate enema can be given by yourself at home before you attend the endoscopy unit. Please follow the instructions below if you have been offered and agreed to this option.

Information for self-administration of phosphate enema at home

You have been provided with the prescription or an enema that you will need to use 1-2 hours before leaving home.

Important:

- Do not use the enema if you have an acute gastrointestinal condition, such as inflammatory or ulcerative conditions of the bowel.
- Contact the unit for advice on 024 76 966805.

How to use the enema

- Remove orange protective shield. Pull the shield gently while holding the bottle upright and grasping the grooved cap with your fingers.
- Lie on your left side with both knees bent and your arms at rest.

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- Insert the nozzle into the back passage (anus) aiming towards the belly button and squeeze the bottle until it is empty. The nozzle is pre lubricated.
- Remove the nozzle and remain in the same position. Try to hold the fluid for 5 minutes or until you need to use the toilet.

The enema should produce a rapid response. Very rarely, fainting may happen but the risk of this can be reduced by making sure you are well hydrated and have had plenty of fluid to drink.

If you are unable to or are unsuccessful in giving the enema yourself, please inform the reception staff when you attend for the procedure. We will then arrange for this to be done for you in the endoscopy unit.

Phosphate enema in endoscopy unit

Once you have been admitted, a member of staff will administer the enema.

For this you will lie on your left-hand side with your knees bent. The nurse will insert a small tube into your bottom and squeezes approximately 200mls of the enema solution into your rectum. You will feel the need to open your bowels immediately. This is completely normal. Try to hold the medication for around 5 minutes. After this time, you can go to the toilet.

How long will I be in the Endoscopy Unit?

This depends on how busy the Endoscopy unit is. You should expect to be in the Endoscopy unit for around 3 to 4 hours. The Endoscopy unit also supports emergency patients and these can take priority over planned appointments.

The duration of your stay also depends on how quickly you recover from the procedure, and the effects of sedative medication.

Please note that we do not allow children in the Endoscopy unit. Please make childcare arrangements or ask for your appointment to be rebooked.

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What happens when you arrive?

You will be checked in at reception. The receptionist will check your name, date of birth, address and confirm your arrangements for getting home. You will be given a patient wristband. This helps staff safely identify you during your stay in the Endoscopy unit.

A member of staff will then take you to an admission room where you will be asked to change into a hospital gown. They will go through a brief medical assessment to make sure that you are fit enough to have the procedure. If you have diabetes, your blood glucose level will also be recorded. If you take anticoagulant medication, a finger prick test (INR) will also be performed.

The nurse will make sure that you understand the procedure and will answer any questions or concerns you may have.

Your consent

A consent form is a legal document. Please read it carefully.

The doctor or nurse completing the form will explain the procedure to you, outlining the benefits and risks associated with the intended procedure.

You may ask questions about the procedure or ask them to repeat or explain further if you do not understand. You can decide not to go ahead at any time if you are not happy.

When 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 then wait in your admission room or be transferred to a waiting area, until it is your turn.

Is the procedure painful?

You may feel some discomfort. We offer entonox, sedation or analgesia during the procedure to help manage any pain.

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Entonox

Entonox is a gas mixture made up of nitrous oxide and oxygen (gas and air). It is commonly used for short term pain relief for women in labour or other uncomfortable procedures. The gas is self-administered through a mouthpiece. If Entonox is the only pain relief method used during the procedure, you can drive yourself home 30 minutes afterwards.

The Flexible Sigmoidoscopy procedure

You will be taken to the procedure room. The medical staff will introduce themselves. They will go through safety checks and answer any final questions.

You will then be asked to lie on your left-hand side with your knees bent and feet forward like you are sitting on a chair. A blood pressure cuff and blood oxygen monitor are placed on your arm and finger to monitor you throughout.

At the start of the procedure, the endoscopist will examine your back passage with a finger before inserting the flexible camera for the colon examination.

We might ask you to change position during the procedure. This is to allow the scope to glide through your bowel easily, following its natural bends. Occasionally a member of the team will apply pressure to your tummy (abdomen) to help the scope through these natural bends and minimise discomfort.

We use CO₂ gas to inflate the bowel for a clearer view. This sometimes causes bloating and cramp-like sensations. This might be relieved by letting the gas/wind out. This is perfectly normal and you should not feel embarrassed.

After the procedure

You will be transferred to the recovery area where you will be monitored by a nurse. You should expect to stay in the Endoscopy unit until a safe

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discharge time is planned. If you are diabetic, your blood glucose will also be checked.

Once you have recovered sufficiently, you will be moved to a chair and asked to get dressed. Your family member or friend will be contacted to arrange collection. Before you leave, the nurse or endoscopist may discuss the findings of the procedure with you. They will give you a discharge leaflet and a copy of your endoscopy report. They will also inform you of any further tests or treatment you may need.

If you normally suffer from memory problems, a family member or friend can be with you while you are being discharged.

You will be given specific information regarding eating and drinking before your discharge. These instructions have been agreed upon by the endoscopist. Please follow them carefully to prevent complications when you get home.

General information

- We aim for you to be seen and treated as soon as possible. However, emergency patients take priority. We apologise if this delays your appointment. We will keep you updated while you wait.
- You may want to bring a dressing gown and slippers with you.
- The hospital cannot accept responsibility for the loss or damage to personal property during your time on the premises.
- Please contact your GP immediately if you have problems with persistent abdominal pain or bleeding. Please tell them that you have had an appointment with us.
- If you cannot speak to your GP and your symptoms persist, you must attend Accident and Emergency (A&E) immediately.
- If you require hospital transport for your appointment, please contact the hospital transport service on 01926 310312.

Further Information

If you need any further information or clarification, please contact the Endoscopy unit on 024 7696 6805.

This booklet is based on information produced by the British Society of Gastroenterologists and has been adapted for UHCW NHS Trust by Wendy Miller, Endoscopy Nurse Manager and Joe Colby Lead Nurse for Gastroenterology.

www.bsg.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us on 024 7696 6805 and we will do our best to meet your needs.

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