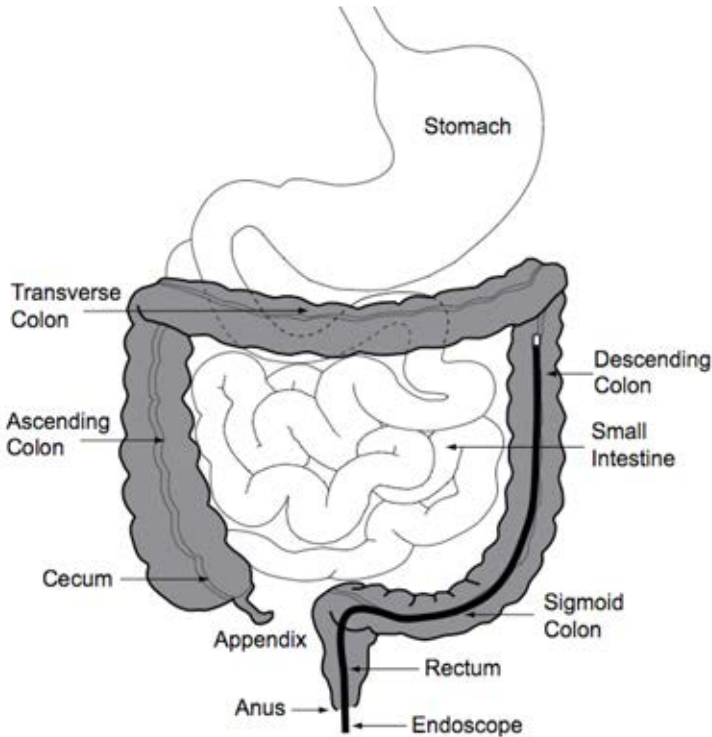


About flexible sigmoidoscopy

Your doctor has recommended that you have a flexible sigmoidoscopy. This leaflet tells you what to expect. Please ask staff any other questions you have.

What is flexible sigmoidoscopy?

Flexible sigmoidoscopy is a test that allows the doctor to examine your bowel from the anus to the descending colon with a small, flexible telescope.



Why am I having the procedure?

Your doctor may have referred you for a sigmoidoscopy in order to investigate some symptoms you have been having, such as a change in bowel habit, rectal bleeding; or to review a problem they may have found before, for example polyps or colitis. This will benefit you by providing a clear diagnosis. If you prefer not to be investigated, we advise you to discuss the implications with your doctor.

A flexible sigmoidoscopy is one of the simplest and safest

methods to examine the lower part of the colon. Therefore, it is often the first test that the doctor requests. It may however be necessary to undertake further tests, such as a colonoscopy, barium enema, or a CT scan. If you wish, please discuss with your doctor which is the best test for you.

What preparation will I need?

You can eat and drink normally on the day of the test unless you choose to be sedated, in which case you should not eat or drink for 4 hours before the test. Shortly before your procedure, one of the nurses in the endoscopy unit will give you an enema. This is a liquid medicine that is given through your back passage. It works as a laxative that cleans the end of your bowel.

What should I bring on the day?

Please bring all your medication and a dressing gown.

What about my medications?

If you are taking iron tablets, please stop them 7 days before your test.

If you are taking anti-inflammatory tablets (such as neurofen, brufen or voltarol) please stop taking them 5 days before your test.

Do not stop taking aspirin, clopidogrel or warfarin but please make sure that you have discussed this with your referring doctor before the test. There is a significant risk that a coronary stent will block if these medicines are stopped within one month of stent placement; and a slightly increased risk within the first six months. If the referring doctor thinks it is in your best interests to stop taking them, they should be stopped 10 days before the procedure.

If you are a diabetic, continue your medication and eat normally.

What will happen to me on the day of the test?

Please book in with the endoscopy reception staff when you arrive. They check your personal details, such as your name and address. We try to ensure that all patients are seen and have their tests within a short period of time of arriving in the unit, but occasionally emergencies take precedence and you may need to wait. The reception staff will keep you informed in the event that this happens.

Next, the doctor (endoscopist) who will be doing the procedure talks you through the consent form and the potential complications. It is important for you to think about these in advance so when you sign the form you are comfortable that it is a test you really want. Remember, you can change your mind about having the test at any time. Please tell the doctor if you have heart valve disease or if you are normally given antibiotics when you visit the dentist.

One of the endoscopy nurses then sees you, asks you some further questions, checks you have taken your preparation correctly and answers any questions you may have. Then the nurse asks you to get changed into a gown and shows you into the endoscopy room.

Patients do not usually need to be sedated for this test. However, if a patient chooses to be sedated, the doctor or nurse puts a small needle into the back of their hand in order to give the sedative. This is not a general anaesthetic. Alternatively, short term pain-relief can be provided using an inhalation of Entonox™ (“laughing gas”), which is a mixture of nitrous oxide and oxygen (effects last for no more than 10 minutes).

The doctor inserts a thin flexible tube with a light on the end of it into your back passage. It is thinner than an index finger. Air is inserted into your bowel which may make you feel a little bloated. The tube is slowly moved up the left side of

your colon whilst the doctor looks at the wall of the bowel. The test usually takes between 5 - 15 minutes.

During the test the doctor may take biopsies (tissue samples), photographs or video of your bowel, even if it all looks normal. There may be periods of discomfort as the tube goes around bends in the bowel. Usually these will ease once the bend has been passed. If you are finding the procedure more uncomfortable than you would like, please let the nurse know. In order to make the procedure easier you may be asked to change position (for example, to roll onto your back).

There will be a nurse with you throughout the procedure explaining what is happening, monitoring your vital signs, level of comfort and assisting the doctor.

What are the complications of flexible sigmoidoscopy?

Complications are extremely rare, but it is important that you know all the risks before you decide to go ahead with the test.

Minor complications

Some patients can experience abdominal discomfort or pain.

Major complications

There is a very small risk of making a hole in the bowel wall (a perforation) or causing bleeding. This occurs in approximately 1 in 15,000 examinations. A perforation usually requires an operation to repair it.

Using sedation can cause breathing complications in up to 1 in 200 procedures, which usually are not serious. To reduce this risk, we monitor your pulse and oxygen levels at all times throughout the test.

If you have severe pain, black tarry stools or persistent bleeding, you should contact your nearest A&E Department for further advice and also inform us.

What happens after the test?

You will be moved into the recovery area where a nurse will review you. If you have received no sedation, you may go home immediately after the procedure. You may feel a little discomfort due to the air inserted during the procedure - this is normal.

You must arrange for someone to escort you home **as you may have been given a sedative**. Be aware that parking at the hospital is very limited. If no escort is available, please carry enough money to pay for a taxi. No escort is required if you are using hospital transport.

We strongly advise that you do not drink alcohol, operate machinery, drive or make important decisions for 24 hours after your procedure as sedatives can impair your judgement.

The endoscopist will be able to tell you the results after the procedure. If you had sedation, it is a good idea to have someone with you when this occurs because the sedation can make you forget what is discussed. If biopsies were taken or polyps removed, you will be told the final diagnosis by the team who requested the flexible sigmoidoscopy (in the clinic or by letter to you or your GP). These results may take several weeks to come through. Copies of your flexible-sigmoidoscopy report will be sent to your GP.

Further information

Training doctors and other health professionals is essential to the continuation of the NHS, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students - this won't affect your care and treatment.

Any other questions?

Feel free to use the space below to write down any other questions you may have. No question is ever too minor or too silly to ask, so please ask any member of the team caring for you if there is anything you wish to know.

If you have any problem understanding or reading any of this information, please contact the Endoscopy Unit staff on 020 7794 0500 ext. 31642, or fax 020 7472 2592, or e-mail <endoscopy@royalfree.nhs.uk>.

Patient agreement to investigation or treatment

Patient identifier/label
Special requirements.....
(eg other language/other communication
method)

Responsible health professional.....

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

Flexible sigmoidoscopy ± Biopsy

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits: *Diagnosis*

Serious or frequently occurring risks

There is a very small risk (1:15,000) of haemorrhage or perforation

Sedation causes breathing problems in about 1 in 200 cases although these are usually mild

Any extra procedures which may become necessary during the procedure

X blood transfusion.....

X other procedure (please specify) *Operation*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The appropriate Royal Free Hospital endoscopy leaflet has been provided

This procedure will involve:

general and/or regional anaesthesia local anaesthesia sedation

Signed:..... Date

Name (PRINT) Job title

Guidance to health professionals is available within the endoscopy manual

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name (PRINT)

Copy accepted by patient: yes / no (please ring)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 and 2 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.

Patient's signature Date.....

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signature Date

Name (PRINT)

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed:..... Date

Name (PRINT) Job title

Important notes: (tick if applicable)

See also advance directive/living will (eg Jehovah's Witness form)

Patient has withdrawn consent (ask patient to sign /date here)

Patient agreement to investigation or treatment

Patient identifier/label
Special requirements.....
(eg other language/other communication
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