

Flexible sigmoidoscopy using Fleet enema

GI Endoscopy Unit Patient Information Leaflet

Introduction

This leaflet is for people who are having a flexible sigmoidoscopy with a bowel preparation called Fleet enema. It gives information on what a sigmoidoscopy is, the benefits and risks of it and what happens before, during and after the procedure.

What is a sigmoidoscopy?

A sigmoidoscopy is an examination of the rectum and lower bowel, known medically as the sigmoid colon. The rectum is your back passage.

The instrument used to perform the procedure is called a flexible sigmoidoscope. This is a slim, flexible tube with a light at the tip which is passed into the rectum. The image from the sigmoidoscope is transferred to a screen. This allows the operator to view the areas of the bowel which require close inspection, to make a diagnosis.

The procedure is not usually painful but may be a little uncomfortable. Some patients experience a feeling of fullness and bloating which is mainly due to air which is passed into the bowel through a channel in the sigmoidoscope.

The air is important as it inflates the bowel slightly, allowing the operator to inspect the bowel thoroughly. Any feelings of bloating or abdominal discomfort should quickly pass once the procedure has been completed.

What are the benefits?

Your GP or hospital doctor will have advised that you have your bowel inspected very carefully. This procedure is a good way to investigate symptoms such as:

- Passing blood from the back passage
- Pain in the abdominal (stomach) area
- A change in bowel habits

There may be other reasons why your doctor has referred you for this test. You may already have had a barium investigation in the X-ray department, but a sigmoidoscopy is a better way of inspecting the lining of the bowel more closely.

Sometimes, it is necessary to take small samples of the lining of the bowel. This can be undertaken during sigmoidoscopy. The samples (biopsies) are sent to the laboratory for analysis. This helps to make a diagnosis.

What are the risks?

Flexible sigmoidoscopy is a very safe procedure and complications are rare.

However, as with all procedures and operations, there are some risks involved. Very rarely, you may get bleeding from or damage to the bowel. This may require admission to hospital for observation, treatment or surgical repair.

Some patients experience mild discomfort or a feeling of fullness or bloating. This usually settles quickly after completion of the test.

We will give you aftercare information before you leave hospital.

What are the alternatives?

Although your hospital consultant feels that this is the best way to proceed at present, there may be alternatives depending on your condition or treatment. If you wish to discuss this, please speak to either the doctor who has suggested you have this procedure, or to your GP.

What preparation will I need?

Ten days before your appointment, you must stop taking all medication to control diarrhoea and iron tablets.

You should stop eating foods which contain fibre three days before your procedure. Fibre cannot be digested and adds bulk to your stools. Your bowel needs to be completely empty to ensure your procedure goes well.

Foods to avoid include:

- Whole grain breads, pasta, nuts and seeds.
- Fruit peel, dried fruit and fruit containing seeds.
- Vegetables with skins, for example, peas, broad beans and sweetcorn.
- Vegetables that have stalks, for example, broccoli, cauliflower and cabbage.
- Tough, coarse meat.
- Fruit juices containing fruit pulp.

To ensure that your bowel is empty, you will need to use a small enema, called Fleet enema. You should use this about two hours before your appointment.

The Fleet enema and instructions on how to use it should have been sent to you in the post with your appointment letter. If you have not received your enema, please contact the GI Unit.

If you think you may have a problem using the enema yourself, and do not have a relative or friend to help, you will need to contact your GP surgery as soon as possible. They can arrange for a community nurse to give you the enema.

You can eat food without fibre until you use the enema, but after that, please only drink clear fluids until after your procedure. Clear fluids include drinks such as water, squash (not blackcurrant as it can stain your bowel), black tea/coffee and clear soup.

If you have a pacemaker, please ring the GI Endoscopy Unit as soon as possible before you come for the procedure. This is because we have to arrange for someone from the Cardiology Department to see you at your appointment.

What about my medication?

You should take your usual tablets as normal, but **do not take** iron tablets and stool-bulking medication such as:

- Fybogel
- Regulan
- Loperamide
- Lomotil
- Codeine phosphate – if you are taking this medication frequently, or have been taking it for a long period of time, please seek advice from your GP or pharmacist before stopping it suddenly.

If you usually take any of the medications listed, you should **stop taking them ten days before your appointment.**

Anticoagulants

If you are taking medication that thins the blood, such as **warfarin**, **aspirin**, **clopidogrel**, or **rivaroxaban**, you should be advised on whether to continue or stop taking the medication before the procedure. If not, please contact the GI Unit for advice on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday).

What does the procedure involve?

We will ask you to change into a patient procedure gown. If you have a lightweight dressing gown and prefer to wear your own, you are welcome to bring it with you.

You will need to lie on your left hand side with your knees bent. You will be covered at all times.

The endoscopist will:

- Perform a rectal examination before inserting the lubricated sigmoidoscope.
- Gently steer the sigmoidoscope around your bowel.
- Blow air occasionally into your bowel to inflate it so that it can be examined more closely.
- Take samples of the lining of your bowel (biopsies) if they are necessary to help with diagnosing the problem. This should not hurt.
- Once the procedure is completed, gently remove the sigmoidoscope.

If polyps are found during the examination, it may be possible for the endoscopist to remove them at the same time. However, for some people, it may be necessary to book another appointment. At this appointment, the whole of your colon will be inspected. This is known as a colonoscopy. If any polyps are detected, these will be removed then.

Will the test hurt?

You may experience some slight discomfort during the test. This is because the bowel has bends which the endoscopist needs to steer the sigmoidoscope around.

You may feel a little bloated and that you want to go to the toilet. This feeling is due to the stretching of the bowel by blowing air into it. The feeling will pass quickly.

If biopsies are taken, you should not feel any discomfort.

People who do find the procedure too uncomfortable to tolerate, (possibly due to certain medical conditions) may be offered Equanox in order to provide pain relief and help with discomfort (please see details of Equanox below).

This will enable the endoscopist to complete an important investigation to assist with diagnosing the problem.

Equanox®

What is Equanox?

It is a mixture of 50 per cent nitrous oxide and 50 per cent oxygen. You may know it as 'gas and air'.

Why is it used?

Equanox is given for the relief of short term pain and discomfort. It is used in hospitals and in the community for various treatments. This may include dressing changes, particularly patients with burns, or patients with injuries such as broken bones or dislocated joints after having accidents.

It can also be used to relieve discomfort during examinations or procedures such as flexible sigmoidoscopy, as it is safe, quick to use and has few side effects.

Who can have Equanox?

It is available to all people who need it. However, we cannot give Equanox to people who have the following medical conditions:

- Severe emphysema.
- A recent chest injury.
- Pneumonia.
- Recent keyhole surgery.
- A blockage in the bowel (this will be assessed by your healthcare professional).
- A recent head injury.
- A middle ear blockage or infection.
- Recent ear surgery.
- Abdominal distension.
- People who are physically incapable of holding the equipment.
- People who have recently undertaken an underwater dive.
- People taking some medications as these could increase the effects of Equanox.
- People who are intoxicated with alcohol (drunk) as this could increase the effects of Equanox.

How is Equanox used?

Nursing staff will show you how to use the equipment. We will give you a mouthpiece which you will need to hold between your lips. You will need to take in deep breaths to inhale the Equanox. You will hold the handset yourself so that you can use it when you need it.

Equanox may make you feel drowsy for a short time and you may lose your hold on the handset. When you feel less drowsy, you can continue to use the Equanox if you still need it, until your procedure has been completed.

Are there any side effects, risks or complications of using Equanox?

When used appropriately and correctly, Equanox is very safe.

Its effect will rapidly pass and you will be able to go home after half an hour, providing all is well. If you have driven to the hospital for your appointment, you will not be allowed to drive until at least half an hour has passed and the nursing staff are happy for you to go home.

Some patients have reported feelings of nausea (feeling sick), dizziness, disorientation, a dry mouth and light headedness after using Equanox. In these cases, you may need to stay for longer in the unit recovery area until all your symptoms have settled and you have returned to your normal self.

What happens after the test is over?

After the procedure, we will give you aftercare information before you leave the department.

When will I get my results?

Your healthcare professional will tell you the result of the procedure before you go home.

If we have taken samples (biopsies), the results from the laboratory may not be available for a week or so. Your consultant may write to you with the results of the biopsies, or they may prefer to discuss them with you at an outpatient clinic appointment. We will send you this appointment through the post.

Treatment of haemorrhoids (piles)

Sometimes we will treat haemorrhoids at the same appointment for flexible sigmoidoscopy. The treatment will usually be an injection or the application of rubber bands to the haemorrhoids. Your endoscopist will discuss this with you beforehand.

The treatment may cause some discomfort and soreness around the back passage afterwards. You may also pass some blood after a bowel movement. It may take a few days for everything to settle down again.

Everyone recovers differently and at their own pace, so do not worry if you feel a little tired for a few days afterwards.

Who is treating me?

A trained endoscopist will carry out your procedure. Within the GI Unit, we have fully trained consultants, surgeons and nurse practitioners.

Should I ask questions?

We want you to be fully informed at all times, so you should always ask any questions you may have. The person you ask will do her/his best to answer your questions. If they do not know, they will find someone else who is able to discuss any concerns you may have.

Is there anything I should tell people?

If there is any procedure you **do not** want to happen, you should tell the people who are treating you. It is important for them to know about any illnesses or allergies which you have suffered from in the past.

Remember to tell the team about anything that concerns you or anything which may affect your general health.

Consent

You will need to give your consent before the doctor or health professional examines or treats you.

As part of your treatment, some kind of photographic record may be made – for example, clinical photographs or video recordings. You will be told if this is likely to happen.

The photographs or recordings will be kept with your medical notes and will be held in confidence as part of your medical record. This means that they will normally be seen only by those involved in providing you with care, or those who need to check the quality of care you have received.

The use of photographs is extremely important for other NHS work, such as teaching or medical research. However, we will not use yours in a way that allows your identity to be recognised without your permission.

We will ask you to sign a consent form once the procedure has been discussed with you. Health professionals must ensure that you know enough about the procedure beforehand, and that you are fully aware of the benefits and the risks of the procedure.

Once the consent form is completed, we will give you a copy to keep. If you later change your mind, you can withdraw your consent after signing.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Endoscopy Unit on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/gastroenterology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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