

Flexible sigmoidoscopy with Fleet enema

Endoscopy Unit Patient Information Leaflet

Introduction

This leaflet is for people who are having a flexible sigmoidoscopy with a bowel preparation with a 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 left side of the bowel, known medically as the sigmoid and ascending colon.

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 back passage, and up into the left side of the bowel. The image from the sigmoidoscope is transferred to a screen. This allows the endoscopist to view the areas of the bowel which require close inspection, to make a diagnosis.

What are the benefits?

Your 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 lower abdominal area
- A change in bowel habits

Other reasons for referral can include:

- An abnormality detected at a scan
- Removal of polyps found at previous scan or endoscopy
- A positive result when your stool has been tested for the presence of blood or inflammatory markers
- A family history of bowel problems

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

Polyps may be found during the colonoscopy, and if appropriate to do so they will be removed safely during the procedure.

Will the sigmoidoscopy hurt?

The procedure is not usually painful, but it may be uncomfortable. Some patients experience a feeling of fullness and bloating, this is mainly due to carbon dioxide (CO₂) gas which is passed into the bowel through a channel in the colonoscope. The CO₂ is important as it inflates the bowel to allow the endoscopist to inspect the bowel thoroughly.

Some patients also experience abdominal discomfort as the sigmoidoscope moves around the bends of the colon.

Any feelings of bloating or abdominal discomfort should quickly pass once the procedure has been completed.

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

People who do find the procedure too uncomfortable to tolerate, may be offered Equanox in order to provide pain relief and help with discomfort.

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 can be used to relieve discomfort during flexible sigmoidoscopy, as it is safe and 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 infection.
- Pneumonia.
- Recent keyhole surgery.
- A blockage in the bowel.
- 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, dizziness, disorientation, a dry mouth and light headedness after using Equanox. In these cases, you may need to stay for longer in the recovery area until all of your symptoms have settled, and you have returned to your normal self

What are the risks?

Most sigmoidoscopy procedures are straightforward. However, as with any procedure, there is a risk of complications.

Some complications are very rare but can be very serious leading to an admission to hospital or an operation.

These serious complications include:

- Perforation (making a hole or tear in the bowel).
- Bleeding, usually due to the removal of a polyp.

Other risks to be aware of include:

- Incomplete procedure.
- Missed pathology (missing a polyp or even a cancer).

Special situations where risk from sigmoidoscopy is greater:

- Removal of larger polyps, over 2 centimetres in size can carry a greater risk of bleeding, perforation and recurrence and may require further procedures to check.

After effects of the sigmoidoscopy procedure:

- Some patients experience discomfort due to trapped wind. This usually settles quite quickly once the wind has passed.
- The sedation and pain relief we use is safe with few side effects.
- 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 your GP.

What preparation will I need?

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 clear 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.
- Fruit juices containing fruit pulp.

To ensure that your bowel is empty, you will need to use a small enema, called Fleet enema. This is a small bottle of fluid that you squeeze into your back passage to prompt a bowel movement in order to clear the area of your bowel that needs to be assessed. 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 Endoscopy 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.

What other preparation will I need?

- Please bring with you a list of medications you are currently taking.
- Please do not bring valuables into the hospital and remove jewellery before coming to your appointment. You can wear your wedding ring.

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

What about my medication?

You must stop taking iron tablets for **7 days before** your procedure.

Anticoagulants and Antiplatelets

If you are taking tablets to thin your blood you must contact the Endoscopy Department for advice at least **one week before** your appointment. Please make contact on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday) if you take **clopidogrel, prasugrel, ticagrelor, warfarin, rivaroxaban, apixaban, edoxaban or dabigatran**, you can continue aspirin.

Diabetic medication

If you are a diabetic and need advice on management, you should contact the Endoscopy Unit or your Diabetes Nurse as soon as you get your appointment.

Please check your blood glucose level before you leave the house to have the procedure.

What happens when I get to the hospital?

Once you have reported to the Endoscopy Unit reception, an endoscopy nurse will take you through to the unit. They will:

- Take your blood pressure.
- Check your pulse.
- Write down your medical history and any other relevant information.
- Explain the procedure to you and obtain your consent for the procedure.
- Show you to a changing room as you will need to wear a patient procedure gown. If you have a lightweight dressing gown and slippers, you are welcome to bring them with you.

You will keep your belongings with you throughout your stay in the department. Once you are changed, we will show you to a waiting area. You may be joined by other patients of the same sex as you.

Who will be treating me?

Your procedure will be carried out by a trained endoscopist. Within the Endoscopy Unit we have fully trained consultants, surgeons and nurse practitioners.

What happens during the test?

- The nurse who will be taking care of you during your procedure will collect you from the waiting area and take you to the endoscopy room.
- In the endoscopy room, we will ask you to lie on the examination trolley.
- You will need to lie on your left-hand side with your knees bent.
- If you need Equanox the mouthpiece will be handed to you.
- Nurses looking after you will monitor your pulse and oxygen levels throughout the procedure.
- If polyps are detected in the bowel, if appropriate the endoscopist will remove them during the procedure using

specialist equipment. If a polyp cannot be removed at sigmoidoscopy your endoscopist will explain the next steps.

- Biopsies of the lining of the bowel are taken in a similar way.
- When polyps are found, they must be removed to prevent progression to cancer.
- Once removed, polyps and biopsies are sent to the laboratory for analysis to assist with the diagnosis and subsequent treatment.
- Once the procedure has been completed, the endoscopist will gently remove the sigmoidoscope.

Will I need to stay in hospital?

Usually, you will only be in hospital for a short time when having a sigmoidoscopy. However, if you have bleeding, perforation or suffer severe effects from the Equanox, you may need to stay overnight in hospital for observation.

What happens after the test is over?

After the procedure, you will go to the recovery area where you can change back into your own clothing. There is usually no need for recovery time, however if you have had a polyp removed or if you need any period of observation you will be looked after by recovery nurses who will assess when you are ready to be discharged. You will be given aftercare information before you leave the department.

When will I hear my results?

The endoscopist will tell you the results of your sigmoidoscopy before you go home and give you a printed copy of the results.

If we have taken biopsies, we will send them to the laboratory to be analysed. The results of this may take several days to process.

Your consultant may write to you with the results of biopsies, or send you an appointment to discuss results in an outpatient clinic.

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 query or concern. If they do not know, they will find someone else who is able to discuss any concerns you may have.

Consent

You will need to give your consent before your sigmoidoscopy. 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.

As part of your consent and treatment you must understand that photographs will be taken which form part of the endoscopy report.

Photographs are kept in your medical record and will be held in confidence. This means that they are seen only by those involved in providing you with care, or those who need to check the quality of care you have received.

Once the consent form is completed and you have signed, we will give you a copy to keep.

If you change your mind, you can withdraw your consent after signing at any time.

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

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 va rugăm sunați la 0800 073 0510.

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