

Flexible Sigmoidoscopy

Flexible Sigmoidoscopy is an examination of the inside of the rectum and sigmoid colon. During a sigmoidoscopy, only the last 1-2 feet of the colon is examined. This exam is done to evaluate several conditions such as rectal bleeding, change in bowel function, diarrhea, rectal or abdominal pain, follow-up on x-ray findings, or checking where polyps were removed. A flexible fiberoptic scope is used to perform the examination. This soft instrument can be guided through the curves of the colon. It has a powerful light source attached to it that allows the doctor to see the tissue clearly. If the doctor sees an area that needs evaluation in greater detail, a biopsy (sample of the colon lining) may be obtained and submitted to a laboratory for analysis. If polyps are found, they can be biopsied, but usually are not removed at the time of the sigmoidoscopy.

PREPARATION

- You will fast overnight. Medications may be taken in the morning with a small sip of water before the test.
- **On the day of the procedure, 1-1½ hours prior to leaving home**, give yourself two Plain Fleet Enemas (the green & white box may be purchased at any pharmacy.) While laying on left side, give yourself one enema, hold it as long as possible (10 minutes if possible), expel it, and follow with the second enema. (If you have a tendency towards constipation, please take three enemas.)
- **You must have a ride home if you receive sedation** as this will make it unsafe to drive the day of the test.
- If you are/might be pregnant please inform the physician.
- Please bring an insurance card and/or referral slip (if needed). Depending on your insurance coverage, you may be required to pay a co-payment with a check, cash or credit card. **Co-payment is required at the time of registration.**
- Let us know if you are allergic to food or drugs.

OTHER METHODS OF EVALUATION

A **barium enema** can be used to assess most of the area that is inspected by a sigmoidoscopy. However, the rectum and parts of the sigmoid colon are not well seen with the barium enema. **Anoscopy** can also be performed; this is more limited than a sigmoidoscopy but has the advantage of being easily done without much preparation.

THE PROCEDURE

The procedure is approximately 5-10 minutes in length. During the exam you will be lying comfortably on your left side. As the scope is guided through the sigmoid colon, you will feel a sensation of pressure or the urge to defecate. This varies on an individual basis. The discomfort is often described as "gas-like". The procedure is most often done without any sedation and is

tolerated well due to the short exam time. The sigmoid colon must be clean to allow the doctor to clearly visualize the colon.

POTENTIAL RISKS

Flexible Sigmoidoscopies are very safe but, as with all procedures, there are some risks of which you should be aware. **These risks include but are not limited to** the risk of having a **perforation**. This means that in under one out of every 1000 flexible sigmoidoscopies, a hole can be made in your colon. If this occurs, you will be hospitalized and may need surgery to repair this hole and to prevent any serious infection.

- **Bleeding** may occur after a polyp has been removed. You may see blood in the stool or black stool up to two weeks later. If this occurs, please call us immediately. Most of the time, the minimal bleeding will stop by itself but, in some cases, it may require another procedure, blood transfusion or, in rare cases, surgery to stop the bleeding.
- **Medication Phlebitis** (if IV meds are used) is where the medications used for sedation may irritate the vein in which they are injected. This may cause a red, painful swelling of the vein and surrounding tissue and the area could become infected. Discomfort in the area may persist for several weeks to several months.
- **Rarely other complications can include** post polypectomy burn syndrome, infection from the procedure, drug reactions and complications from other diseases you may already have. Instrument failure and death are extremely rare but remain remote possibilities.
- **It is important for you to inform the doctor at the time of your consultation if you have any type of bleeding disorder.** Again, avoid any aspirin type medications for 7 days prior to the procedure and non-steroidal/anti-inflammatory drugs 5 days prior to the procedure as this will increase your risk of bleeding after the procedure.

The medicine we give you to make you comfortable will make you sleepy and can slow your breathing. All patients are placed on a heart monitor so the doctor and nurses can observe your heartbeats and be aware of any problems or EKG changes which may occur. A pulse oximeter is used to monitor your breathing during sedation. If we feel there is a problem which puts the patient in danger, the procedure will be stopped immediately.

The flexible sigmoidoscopy is an excellent way to evaluate the left side of the colon but it is not perfect. **Small polyps can be missed** in up to 5 to 15% of patients by hiding behind folds or underneath residual stool. This is why it is so important to follow the prep instructions carefully and have the colon completely clean for the test.

AFTER THE PROCEDURE

Most patients have cramps and bloating associated with the air instilled in the colon during the procedure. Walking and passing gas (flatus) will improve these discomforts. Immediately after the procedure, you will be informed of the findings. If biopsies were sent, this may take up to two weeks to return. A copy of the endoscopic record is sent to all your referring physicians.

Because your colon has been cleaned out for the procedure, do not expect to have a normal bowel movement for at least 24 to 48 hours after the procedure. Your first bowel movement may be diarrhea or loose stool.

Biopsy results are usually available in 2 to 3 weeks and will be given to you by phone, mail, or at your next follow up appointment. A report will also be sent to your primary care Doctor. If you do not get your results within two weeks don't hesitate to call your doctor's office.

While every caution is taken to prevent any problems, complications can occur and sometimes these may not become evident for several hours. **If, in the next 24 hours you experience any of the following, prolonged or severe abdominal discomfort, fever, tenderness or significant bleeding, you must contact your doctor. If for any reason you are unable to reach the doctor within a few minutes, go to the nearest Emergency Room.**

This is for informational purposes only and is not designed to replace a discussion with your Doctor.