

Direct access flexible sigmoidoscopy

What to expect



Information for patients

Endoscopy



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Why has my GP referred me for a direct access flexible sigmoidoscopy?

Your General Practitioner (GP) has referred you to the hospital because you have been experiencing painless bleeding from your back passage for more than 4 weeks (rectal bleeding). You are between 18 and 39 years of age and will not require sedation for this procedure.

What might be causing my symptoms?

Most patients referred with rectal bleeding have benign (non-cancerous) conditions such as haemorrhoids (piles), anal fissures (a small cut in the skin of the back passage), proctitis (inflammation of the lining of the bowel) or diverticulitis (tiny pouches in the lining of the bowel), but the test is also performed to rule out more serious conditions of the bowel.

A number of treatment options for certain conditions, such as haemorrhoids (piles), are also available. These can be undertaken quickly at the same visit to avoid a further visit being required. More information about these procedures and treatments is detailed further in this booklet.

What test will I be having?

An appointment has been made for you to have a diagnostic camera test called a "flexible sigmoidoscopy". The flexible sigmoidoscopy will allow a doctor to view the lower end of the bowel to see where the bleeding is coming from. This test will be performed in the Endoscopy Department either at the Northern General Hospital or Royal Hallamshire Hospital. You will usually go home soon after the test.

Can there be complications or risks?

The majority of flexible sigmoidoscopies are very safe and uncomplicated. However, as with any procedure there is a small chance of side effects or complications:

- Perforation (causing a small tear in the lining of the bowel). This would require a short stay in hospital with antibiotics or may require an operation to repair the tear.
 - when polyps have not been removed there is less than a 1 in 5,000 chance of causing a perforation.
 - when polyps have been removed a perforation may occur in 1 in 500 cases.
- Bleeding can sometimes occur when polyps are removed. The risk is small, occurring in approximately 1 in every 150 cases. Bleeding can occur up to 7 - 10 days after polyp removal. This often settles without treatment, but if it continues it may be necessary to return to hospital for re-assessment.

You should also be aware that this examination is not perfect and even with a skilled endoscopist some abnormalities may be missed.

If you are worried about any of the side effects or complications please contact the Endoscopy Department on the telephone numbers below or speak with one of the doctors or nurses during your visit.

Medication

You may continue to take your usual medication up to the day of the investigation, but there is some medication you should stop prior to your investigation.

- **Iron tablets** (Ferrous Sulphate, Ferrous Fumerate, Ferrous Gluconate) should be stopped at least 5 days prior to your investigation.

- **Anti-diarrhoea** (Loperimide, Immodium, Lomotil, Kaolin) should be stopped 2 days prior to your investigation.

If you are taking anti-blood clotting medicines such as Warfarin, Rivaroxaban, Apixaban, Dabigatran or Clopidogrel (Plavix) please contact the Endoscopy Department as soon as possible:

- Northern General Hospital: **0114 226 9174 / 226 9730**
- Royal Hallamshire Hospital: **0114 271 2990**

If you are diabetic you can continue to take your medication as normal; but it is important to let staff know.

Before your appointment

Before you come to the Endoscopy Department you should:

- ensure you have completed your pre-assessment questionnaire and returned it to the Endoscopy Department
- bring with you any letters or cards you have received from the hospital
- bring any tablets you are currently taking. It is especially important to remember any asthma inhalers, angina sprays or diabetic medication
- follow all instructions included with this booklet
- arrive on time for your appointment

You should **not** bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them.

You can eat and drink as normal before the test.

When you arrive at the Endoscopy Department

On arrival at the hospital, please go to the reception desk. Once checked in, you will be asked to take a seat in the waiting room.

A nurse will call you in for pre-assessment. This involves checking your pulse and blood pressure and whether you have any allergies. The nurse will also discuss discharge arrangements with you. Please feel free to ask questions or voice any worries you may have about your investigation.

The nurse will explain any additional treatments that may be undertaken at the time of the test. They will explain that the use of entonox (gas and air) is available during the test.

You will then be asked to sign a consent form which gives the endoscopist permission to perform the test and to undertake any treatment required.

The consent form

We must obtain your consent for any procedure or treatment. Staff will explain all the risks, benefits and alternatives before they ask for your consent. If you are unsure about any aspect of the proposed procedure or treatment, please do not hesitate to ask for more information.

Your consent will be required in writing. If you later change your mind, you are entitled to withdraw consent even after signing. A copy of the consent form will be offered to you.

What should I know before deciding?

The admission nurse or endoscopist will ensure you have enough information about the procedure to enable you to decide about your treatment. They will write this information on the consent form as well as discussing choices of treatment with you. We encourage you to ask questions and let us know of any concerns that you may have. It may be helpful for you to write these down as a reminder.

What are the key things to remember?

It is your decision.

It is up to you to choose whether or not to consent to what is being proposed. Ask as many questions as you like and please express any concerns you have, for example about medication, allergies or past medical history.

Can I find out more about giving consent?

Further information on consent can be found on the NHS Choices website:

www.nhs.uk/conditions/Consent-to-treatment/Pages/Introduction.aspx

Entonox

Your GP has indicated that you will not require sedation for the procedure. However, the Endoscopy Department can provide you with entonox (gas and air), as an alternative. The gas is colourless and odourless and acts as pain relief. You breathe this in through a mouth piece.

- It is safe
- You are in control over the amount of entonox you need
- You generally recover more quickly
- There is generally no delay in going home
- It acts as pain relief, not sedation
- You cannot drive for 30 minutes

Before the procedure

To get a clear view of your lower bowel, it needs to be completely clean. In order to do this, you will need to have an enema. The enema will be administered by a nurse in a private room with a toilet.

The nurse will ask you to remove your lower garments and put on a hospital gown. You may have to remove any jewellery or metal objects in case a special piece of equipment, called a diathermy, is used. All your belongings will be placed into a property bag, which will stay with you at all times.

We will ask you to lay on a couch, on your left hand side, with your knees slightly bent.

The enema is a fluid contained in a plastic bottle which has a small nozzle on the end. The nozzle will be lubricated with a water soluble gel and then gently inserted into your bottom (rectum).

Enemas often begin to work very quickly and you may feel the urge to move your bowels almost immediately. However, please try to retain the enema for as long as possible to allow it to be completely effective.

What happens during the test?

We will ask you to lay on a couch and make sure you are lying comfortably, resting on your left side with your knees slightly bent. A nurse will stay with you throughout the procedure.

If you have chosen to have entonox the nurse will give you instruction on how to use it correctly. We will monitor your pulse rate and oxygen level by attaching a small peg to your finger.

The endoscopist will begin the investigation by performing a finger examination of your back passage to ensure there are no obstructions. Once the colonoscope has been gently inserted through the back passage, air will be passed through to distend the large bowel to give us a good view of your bowel lining. This may give you a 'wind-like' pain but this does not usually last long.

You may get the sensation of wanting to go to the toilet, but as the bowel is empty, there is no danger of this happening. You may also pass

some wind. This is perfectly normal and nothing to be embarrassed about - remember the staff do understand what is causing it.

The flexible sigmoidoscopy test takes about 10 - 20 minutes to perform.

Treatments available during the test

It is possible to remove small **polyps** during the test. Polyps are abnormal growths of tissue, rather like warts. If you have polyps removed, these will also be sent for analysis.

If larger polyps are found, you will need to come back to the Endoscopy Unit to have these removed at a later date.

Sometimes **haemorrhoids** (piles) are identified during the test. Haemorrhoids are caused by swollen blood vessels in the back passage. They are extremely common. They can occur with constipation or as a result of having diarrhoea. They can also occur during pregnancy and as we get older. If haemorrhoids are identified these can be treated at the same visit.

Banding is a common treatment for haemorrhoids. A banding instrument is used to put a tight rubber band around the haemorrhoid. This cuts off the blood supply and as a result the haemorrhoid will shrink.

The band will fall off after about 5 - 10 days so there is no need to have it removed. You may experience some soreness after this procedure, which can last up to 48 hours. You should take painkillers such as paracetamol or ibuprofen, which can be purchased at any pharmacy.

You can have a bath or shower as normal and this may help to ease any discomfort.

Please come prepared to have any treatments undertaken on the day of the procedure. Unfortunately, the banding procedure does not ensure

that the haemorrhoids won't come back and the procedure may need to be repeated.

What happens after the test?

If you had the test and no treatments were undertaken, you will be able to go home as soon as you are dressed and feel ready to leave. If you have had further treatments during the procedure you will be taken into the gender separate recovery areas to rest.

You may feel a little bloated with wind pains; these usually settle quickly once you have passed wind and will not need any treatment.

You may begin to eat and drink as soon as you wish.

Is there anything I should look out for when I go home?

If you have had haemorrhoids treated, you may experience a small amount of bleeding after the procedure, especially after having your bowels open. This is normal. It is also common to experience bleeding 10 - 14 days after the procedure as the pile 'sloughs off'.

If you experience a lot of bleeding or notice any clots you must seek urgent medical attention.

It is unlikely but if you:

- feel feverish,
- lose large amounts of blood,
- have difficulties in passing urine or
- experience swelling of the back passage

Please contact the Endoscopy Department on the telephone numbers given to you on discharge or your nearest Accident and Emergency Department.

When can I get back to my normal activities?

You should be able to get back to your normal activities by the next day.

When will I be able to get my results?

The endoscopist may be able to tell you the results of your test straight away. If a biopsy has been taken or if polyps are removed, these have to go to the laboratory, and the results from these tests may take up to 3 weeks. If any treatments such as banding of haemorrhoids have been undertaken, the endoscopist will discuss this with you and explain what to expect following the procedure.

Following the test you will be given a copy of the report. A copy will also be sent to your GP and you will be discharged back to the care of your GP. If you need to come back for a repeat procedure we can arrange this with you before you leave.

If any results of the biopsies or polyps come back from the laboratory as abnormal, your GP will be informed and you would also be called back to see us at the hospital, so that further investigations can be arranged.

Training at the hospital

The Sheffield Teaching Hospitals NHS Foundation Trust is a teaching organisation and has a responsibility to ensure that students (both medical and nursing) receive a high standard of training. The endoscopy department is also a regional training centre.

Occasionally, there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. We also employ nurse practitioners who, after training, undertake endoscopic examinations. In all cases, you will be informed beforehand. You do not have to allow students or trainees to be part of your care so please tell us if you do not want them involved. This will not affect your treatment in any way.

Frequently asked questions

If my symptoms have stopped before the flexible sigmoidoscopy, should I still come for the test?

Yes. It is important that you still come for the test. Your doctor has organised this test to ensure you have no problems in your large bowel. Although the symptoms may have gone, it's important to have a look to ensure all is clear.

Will it hurt?

You may feel some discomfort from the air that is pumped into the large bowel so that the endoscopist can view the lining adequately. Some patients find the air slightly uncomfortable, but it should not hurt.

What is the address for the Endoscopy Department?

Endoscopy Department, Huntsman B floor,
Northern General Hospital, Herries Road, S5 7AU

Endoscopy Department, B floor,
Royal Hallamshire Hospital, Glossop Road, S10 2JF

Can I park at the hospital?

Yes. We have car parks at both hospitals; these are indicated on the enclosed maps. The rates are as follows:

Northern General Hospital

Up to 4 hours = £2.50

Over 4 hours = £3.70

Royal Hallamshire Hospital

Up to 2 hours = £2.50

Up to 4 hours = £3.70

Over 4 hours = £8.40

Disabled car parking spaces are available near the main entrances to all major buildings at both sites and are free of charge

Car parking charges are correct at time of printing. Please ensure you check the rates before parking.

Can I get public transport to the hospital?

Yes. You may use public transport. See below for details of how to find out which bus routes serve the Endoscopy Department you are visiting. Please remember if you have sedation you will not be able to travel home using public transport.

- Traveline: **01709 515151**
- **www.travelsouthyorkshire.com/default.aspx**

Are there facilities for my relatives/friends to obtain refreshments while they are waiting for me?

Yes. We have refreshments available at both hospitals

Northern General Hospital

Situated in Huntsman main entrance, C Floor.

Royal Hallamshire Hospital

Situated on B road in the main entrance, B Floor.



Produced with support from Sheffield Hospitals Charity
Working together we can help local patients feel even better

To donate visit

www.sheffieldhospitalscharity.org.uk Registered Charity No 1169762



Yes I donate
ORGAN DONATION

Alternative formats can be available on request.

Please email: **alternativeformats@sth.nhs.uk**

© Sheffield Teaching Hospitals NHS Foundation Trust 2019

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005" SI 2005 No. 1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals. Email infogov@sth.nhs.uk