



Flexible Sigmoidoscopy

What Is Flexible Sigmoidoscopy?

Flexible sigmoidoscopy is a procedure that enables your surgeon to examine the mucosa (lining) of the rectum and distal (lower) colon (large bowel). It is usually done in the Endoscopy Department but occasionally may be done in the operating theatres.

A lubricated, soft, bendable tube about the thickness of the index finger is gently inserted into the anus (back passage) and moved into the rectum and the lower part of the colon. A variety of instruments can be passed through the endoscope allowing the surgeon to treat many abnormalities with little or no discomfort. The surgeon can thus obtain biopsies (tissue samples), remove polyps (small wart-like growths on the lining of the large bowel), stretch narrowed areas or treat some lower gastrointestinal bleedings.

Why Is Flexible Sigmoidoscopy Performed?

Flexible Sigmoidoscopy is often done as part of a routine screening for cancer for patients over 50 years old, before some surgeries, or to evaluate the causes of bowel symptoms (such as diarrhoea, rectal bleeding, changes in bowel habit and changes in stool form or colour).

What Preparation Is Required?

The rectum and lower colon must be completely emptied of stool for the procedure to be performed. Very often one or two enemas prior to the procedure is all that is necessary, but laxatives or dietary modifications may be recommended by your surgeon in certain instances. Your surgeon will give you detailed instructions regarding the cleansing routine to be used. If the area to be examined is not clear of stool your surgeon will not be able to perform an effective examination. Be sure to follow your surgeon's preparation instructions.

Most medications can be continued as usual. Medication use such as Aspirin, Vitamin E, nonsteroidal anti-inflammatory drugs (e.g. Ibuprofen), blood thinners and Insulin should be discussed with your surgeon prior to the examination. It is essential that you alert your surgeon if you require antibiotics prior to undergoing dental procedures, since you may also require antibiotics prior to any endoscopy.

Also, if you have any major diseases, such as heart or lung disease that may require special attention during the procedure, discuss this with your surgeon.

You might be sedated during the procedure and an arrangement to have someone drive you home afterward is imperative. Sedatives will affect your judgment and reflexes for the rest of the day. If you receive sedation you should not drive or operate machinery until the next day.

What Can Be Expected During Flexible Sigmoidoscopy?

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You will be awake during the procedure. Occasionally, the surgeon may give you some light sedation to make you less aware of what is happening.

The procedure is well tolerated and rarely causes discomfort. The inside of the colon has few nerve endings; therefore, it is unusual to experience significant pain, but you might feel the scope moving within the body. Air is injected to distend or widen the bowel. This may cause a feeling of pressure, bloating, or cramping during the procedure.

The test usually starts with a digital rectal examination. You will generally lie down on your left side while the sigmoidoscope is advanced through the rectum and lower colon; sometimes changes of position might be required during the procedure to enable safe advancement of the sigmoidoscope and completion of the test. The lining of the intestine is examined carefully. The procedure usually lasts for 10 to 15 minutes. If there is extreme discomfort, you should tell your surgeon and the procedure will be terminated.

What Happens After Flexible Sigmoidoscopy?

If you had sedation you will be monitored in the endoscopy or recovery area for 1 to 2 hours until the effects of the sedatives have worn off. Your surgeon will explain the results to you and discuss any findings. If biopsies were taken the results will not be available for at least 2 weeks.

You may have some mild cramping or bloating from the air that was placed into the colon during the examination. This should quickly improve with the passage of gas.

You should be able to eat and resume normal activities immediately after leaving the hospital.

If your surgeon sees an area that needs more detailed evaluation during the procedure, a biopsy may be obtained and submitted to a laboratory for analysis. This is done by placing a special instrument through the sigmoidoscope to extract a tiny sample of the lining of the colon. This procedure is painless.

If polyps or growths are found, your surgeon will usually request that you have a colonoscopy, which is a complete endoscopic examination of the entire colon. A colonoscopy is more suitable to remove polyps and enables the surgeon to check the remaining colon for any other polyps or lesions.

What Complications Can Occur?

Flexible sigmoidoscopy and biopsy are safe when performed by surgeons with appropriate training and experience in endoscopic procedures.

Complications are rare, however, they can occur. They include bleeding from the site of a biopsy, or a perforation, which is a tear through the layers of the bowel wall. Other complications that can happen are the possibility of missed polyps or other lesions. A reaction to the sedatives can sometimes occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks; warm, moist towels will help relieve this discomfort.

It is important to contact your surgeon if you notice symptoms of severe abdominal pain, abdominal distention, nausea, fevers, chill, or rectal bleeding equal to more than half a cup. Small bleeding can occur up to several days after a biopsy.

When To Contact Your Surgeon

In the period following your procedure you should contact us on 0161 447 6761 in office hours or present to the nearest Accident and Emergency Department if you notice any of the following problems:

- increasing abdominal pain and/or distension
- severe rectal bleeding
- constipation for more than three days despite using a laxative
- high temperature over 38°C or chills
- persistent nausea and/or vomiting.

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