SIGMOIDOSCOPY

INFORMATION SHEET & INSTRUCTIONS

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GASTROENTEROLOGIST & HEPATOLOGIST

WHAT IS A SIGMOIDOSCOPY (Left Colonoscopy)

Procedure Code: 450

A sigmoidoscopy is an examination of the lower part of the large intestine (colon). A thin flexible tube (sigmoidscope) is inserted into the rectum.

A tiny video camera at the tip of the tube allows the doctor to view the inside of the rectum, the sigmoid colon and most of the descending colon — just under the last 50cms of the large intestine. If necessary, tissue samples (biopsies) can be taken through the scope during a flexible sigmoidoscopy.

Flexible sigmoidoscopy does not allow the doctor to see the entire colon. A flexible sigmoidoscopy alone cannot detect cancer or small clumps of cells (polyps) that could develop into cancer in the future.

WHY A SIGMOIDOSCOPY IS DONE:

Your doctor may recommend a flexible sigmoidoscopy to investigate intestinal signs and symptoms. A flexible sigmoidoscopy can help your doctor explore possible causes of abdominal pain, rectal bleeding, changes in bowel habits, chronic diarrhoea and other intestinal problems.

A sigmoidoscopy may occasionally be preferred over a colonoscopy because the preparation for a sigmoidoscopy and the test itself may take less time. In addition, an anaesthetic is often not required. There is a lower risk of direct harm such as a tear in the colon or rectum wall (perforation) with asigmoidoscopy, compared with a colonoscopy

RISKS:

A flexible sigmoidoscopy poses few risks. Rarely, complications of a flexible sigmoidoscopy may include:

- Bleeding from the site where a tissue sample was taken
- Perforation

MEDICATIONS:

Continue all prescribed medication.

If you are taking anticoagulants (blood thinners), such as Warfarin, Plavix, Aspirin, Eliquis, Edoxaban or Pradaxa, please advise our office.

Please let us know if you are diabetic.

SPECIAL REQUIREMENTS:

If you use a wheelchair or have a physical, or any other disability, please contact us to let us know in advance, so that we can ensure you receive the appropriate supports.

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PREPARATION FOR YOUR SIGMOIDOSCOPY

Fasting (only if having sedation):

Food may be taken up to six hours prior to admission.
Water can be taken up to two hours prior to admission.

Prescribed Prep:

Before a flexible sigmoidoscopy, you will need to empty your colon. Any residue in your colon may obscure the view of your colon and rectum during the procedure.

An enema (a laxative given via the back passage) will be given in the endoscopic unit.

Sedation:

The following options will be discussed with you:

Option 1 : No sedation

Option 2 : Sedation
You will be given an intravenous injection into a vein to make you feel relaxed and sleepy, but not unconscious. This is not a general anaesthetic.

During the procedure:

Wearing a gown, you will begin the procedure lying on your left side, on the examination table, usually with your knees drawn toward your abdomen. The doctor will insert a sigmoidoscope into your rectum.

The sigmoidoscope contains a light and a tube that allows the doctor to place air into your colon. The air expands the colon, which provides a better view of the colon lining. When the scope is moved, or air is introduced, you may feel abdominal cramping or the urge to move your bowels.

A flexible sigmoidoscopy typically takes about 10 minutes. It may require slightly more time if biopsies are taken. Sedation and pain medications usually are not necessary. If a polyp is found, your doctor will likely recommend a full colonoscopy to look at your whole colon, as other polyps may be present further up in the colon.

After the procedure:

After the exam, you may have mild abdominal discomfort. You may feel bloated, or pass gas for a few hours, as you clear the air from your colon. Walking may help relieve any discomfort. You should be able to return to your usual diet and activities right away.

You may also notice a small amount of blood with your first bowel movement after the exam, which usually is not a cause for alarm. Consult your doctor if you continue to pass blood or blood clots, or if you have persistent abdominal pain or a fever of 100 F (37.8 C) or higher.

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RESULTS:

Your doctor will review the results of your flexible sigmoidoscopy and share them with you.

DISCHARGE INFORMATION:

You may experience minor discomfort, or bloating, post procedure. These symptoms normally settle within 24 hours.

Your nurse will advise you of further instructions, or follow up pre-discharge.

Your doctor may prescribe pain killers following your procedure, if required.

If you have had sedation, for the next 24 hours you must not:

- drink alcohol
- drive

You must be accompanied home.

Seek medical attention immediately if you have black bowel motions or rectal bleeding, develop severe nausea, vomiting or abdominal pain.