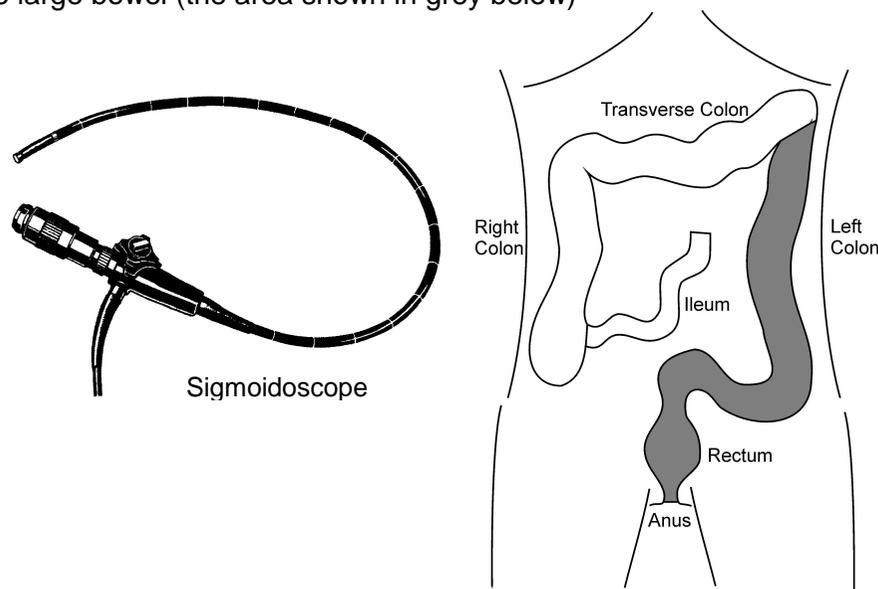


### What is a sigmoidoscopy?

Sigmoidoscopy is the examination of the lower colon (large bowel) using a flexible (fibre-optic) telescope. Because it is flexible and can be steered, the telescope can pass around the bends in the bowel which normal straight telescopes can't. The telescope has a light on the end, a camera, a channel for washing and a channel for doing minor procedures during the sigmoidoscopy.

The aim of the test is to pass the telescope up to the top of the left side of the large bowel (the area shown in grey below)



### Why perform a sigmoidoscopy?

There are many reasons why it might be necessary or useful to look at the large bowel. Common reasons are: to look for the cause of bleeding from the back passage, to look for evidence of inflammation in the large bowel, to look for polyps, to check after surgery to remove polyps or tumours.

One great advantage of a sigmoidoscopy is that the lining of the large bowel itself is inspected and minor changes can be recognised.

### What preparation is necessary?

In order to be able to see the large bowel in detail the lower bowel must be as empty as possible. You will be given a small enema on the ward before the examination which acts to gently stimulate the lower bowel to empty of stools. It is very important for the success of the test that the lower bowel is as clean as possible. The nurses will explain how to take the enema.

### What can be done during the sigmoidoscopy?

Because the telescope has a channel for procedures, it is possible to take biopsies (small specimens of the lining) for examination, remove small polyps and make marks on the bowel wall for future use.

### What happens during the sigmoidoscopy?

The procedure usually takes between 2 and 10 minutes. Because the test is so quick and simple, you do not necessarily need any drugs to undergo it.

Many people like to see the bowel during the examination on the TV screen because they are awake for it!

If you would like to discuss having sedation, do so before coming for the test as it may affect whether you can go home directly afterwards.

### What complications may occur?

**Wind** – most people find that they are quite 'windy' for a day or so after the test. This is due to some of the air used during the procedure.

**Bleeding** – when biopsies have been taken or polyps removed it is quite common for a little bit of blood to appear with the motions. This is very rarely a major problem.

**Damage to the bowel** – although the telescope is flexible and the test done with care, there is always the risk of the telescope damaging the wall of the bowel on the way around. For a normal sigmoidoscopy this is extremely rare and happens around 1 in 1000 times. The risk is a bit higher if polyps, especially large ones, are removed during the test. If this happens, the usual treatment is an operation to repair the damaged bowel wall.

### After the test.

You will be able to have something to eat and drink when you are back on the ward directly afterwards.

Most people go home that evening after the test.

If you have had sedation, because of the effects, you will not be allowed to drive or travel on public transport alone until the next day. If you do not have anyone to escort you home, you may need to stay in hospital overnight.

### When to be seen again.

Discomfort from the procedure due to wind settles in a day or so. Severe pain which persists after the sigmoidoscopy, pain which worsens again after a day or two or discomfort associated with a fever or sickness may indicate a problem and you should seek medical advice.



*Flexible  
Sigmoidoscopy  
Patient Information*

**Mr Neil R Borley**  
Consultant Colorectal Surgeon

Imperial Medical Group  
Cheltenham & Gloucester Nuffield Hospital  
Hatherley Lane  
Cheltenham, GL51 6SY  
01242 246526