

## FLEXIBLE SIGMOIDOSCOPY

### WHAT IS A FLEXIBLE SIGMOIDOSCOPY?

Flexible sigmoidoscopy uses a flexible tube with a 'video camera' at the tip, which is inserted into the back passage to examine the lower third of the large bowel (colon).

### WHY HAVE A FLEXIBLE SIGMOIDOSCOPY?

A flexible sigmoidoscopy allows the Gastroenterologist to examine the lining of the bowel closely, and can detect inflammation of the mucosa, polyps or early signs of cancer. It can be used to diagnose patients with bleeding from the anus, unexplained change in bowel habit, abdominal pain and weight loss.

### HOW TO PREPARE FOR A FLEXIBLE SIGMOIDOSCOPY?

You will need to fast for 6 hours prior to the procedure if you are having an anaesthetic or sedative. **When fasting have nothing to eat or drink for 6 hours**, other than clear water only up to 3 hours before your procedure. Some patients opt not to have any sedatives so they can drive home, however be aware that the procedure is uncomfortable/painful. If you are not having any sedation, you do not need to fast. Please take your regular medications with a sip of water at least 2 hours prior to attending hospital. However if you are on a blood thinning medication such as clopidogrel (Plavix) or warfarin, please discuss this with your GP or contact the Hospital prior to the procedure, as these medications may have to be stopped up to 1 week prior to the procedure. You should advise the nursing staff if you are allergic or sensitive to any drug or substances.

### WHAT DO I DO IF I AM A DIABETIC?

On the morning of the procedure **do not take your diabetic medications**, but bring them with you as you will be given something to eat after your procedure. Diabetic patients on **insulin** should be on a morning list if possible. If you are uncertain please contact the rooms or the Hospital Endoscopy Department.

### WHAT DO WE DO?

You will be given an enema (a solution that is inserted into the rectum to clean the lower bowel) when you arrive at the Gastroenterology Department, prior to the procedure. You will be given a sedative through a vein in the arm before the procedure to make you more comfortable. The endoscope is inserted through the back passage (rectum) into the large intestine to allow inspection of the large bowel.

### SAFETY AND RISKS?

Flexible sigmoidoscopy is usually simple and safe. Rare complications include bleeding and perforation of the bowel. Severe bleeding or perforation may require an operation. If polyps are found and removed (polypectomy), there is a higher risk of perforation or bleeding from the site where the polyp has been removed however these complications are uncommon.

Complications from the sedation are rare. Patients with severe heart or chest disease are at higher risk, and special precautions are taken to avoid complications. This includes administering oxygen during the procedure and monitoring oxygen levels in the blood and your pulse rate and blood pressure.

The sigmoidoscope is a reusable instrument, which cannot go through a heat sterilisation process. However, after each use it is thoroughly cleaned and then disinfected, using a high level disinfectant. The hospital cleans and disinfects the sigmoidoscope according to the standards set by the Gastroenterological Society of Australia. The possibility of infection being introduced during the procedure cannot be completely ruled out, but seems extremely rare. Death is a remote possibility with any interventional procedure. If you wish to have details of possible rare complications discussed before the procedure, you should inform your doctor.

## WHAT HAPPENS AFTERWARDS?

The sedative painkiller you are given before the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. For this reason a relative or friend should come with you if possible. **You must not drive or operate machinery or make major decisions for at least 12 hours after the test (until the next day).** You may feel some discomfort when the sedative wears off, and this is usually a result of air inflated into your colon during the procedure. Passing wind will help relieve the discomfort. If after the test you have any symptoms that cause you concern, you should contact the Hospital or your own Doctor (e.g. severe abdominal pain, bleeding from the back passage, fever).

## AT THE HOSPITAL:

Report to the Gastroenterology Department at the time advised. Bring your referral form, relevant X-rays and your pre-admission form if you have not already delivered these, and your Medical Insurance and Medicare details.

In most instances health funds accept Coastal Gastroenterology accounts for direct no-gap billing. If not, you will be given an invoice for the doctor's services. Payment will be your responsibility, but the majority of the cost will be reimbursed by Medicare and your private health fund. If paying on the day a receipt will be issued for you to claim from your health fund and Medicare. A separate account is issued by Hollywood Private Hospital for the Bed Fee. With some funds there is a \$50 hospital gap (similar at all hospitals) which must be paid on the day. If biopsies are taken you will also receive an account from the Pathologist. For most procedures an Anaesthetist is also present, and a further account is raised by that doctor. If you are not insured, you will be charged the Australian Medical Associations (AMA) recommended rates.

Expect to be in the hospital for between 3 to 6 hours on the day of your procedure. It is worth bringing something to read whilst you are waiting.