**The Team**

When you are referred to the DAFS clinic you will be seen by staff experienced in diagnosing and treating bowel problems of all kinds:

Dr Robert Palmer - GP with Special Interest Gastroenterology

Miss Helen Pardoe - Consultant Colorectal Surgeon

Mr Sanjay Wijeyekoon - Consultant Colorectal Surgeon

**Gastroenterology Services**

Dr Neil Ikin – Consultant Gastroenterologist

Dr Eleanor Wood - Consultant Gastroenterologist

Alex Hall - Specialist Nurse Gastroenterology

**Colorectal Services**

Mr Peter Lunniss - Consultant Colorectal Surgeon

Pauline McCulloch - Lead Colorectal nurse

Marion Stalker – Colorectal Nurse specialist

Department of Surgery and Gastroenterology

Homerton University Hospital NHS Trust, Homerton Row, London, E9 6SR



What to expect at your Direct Access Flexible Sigmoidoscopy (DAFS)

Homerton University Hospital NHS Trust

**\* Please also read accompanying booklet “Information for patient having a Sigmoidoscopy”**

So why has my GP referred me to hospital?

Your General Practitioner (GP) has referred you to hospital because you have been experiencing bleeding from your back passage for more than 4 weeks (rectal bleeding) and are aged between 18 and 55 years of age.

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 is done on the day of the appointment, in a department called Day Stay Unit. You will usually go home after the test.

What might be causing my symptoms?

Most patients referred with rectal bleeding, have benign conditions such as haemorrhoids, anal fissures, proctitis or diverticulitis, but the test is also performed to also rule out more serious conditions of the bowel

What should I expect at my Direct Access Flexible Sigmoidoscopy?

* A doctor will see you first and ask you some questions about your health, you will need to sign a consent form; which allow the doctor permission to perform the test
* It will then be necessary for you to be undressed for the test; so you will undress in a private room/cubicle
* You will then be given a phosphate enema by a nurse (this will allow the lower end of your bowel to be examined during the test). This is given in your bottom and after holding for a few minutes you pass liquid stool into the toilet. (The toilet is located close to your cubicle)
* The flexible-sigmoidoscopy test takes about 20 minutes to be performed
* After the test a doctor will come and explain the findings of your test, and you will also be given a report and discharge summary which outline the findings and suggestions for your GP on how to manage your symptoms
* Often sample(s) of the bowel lining or growths known as polyps may be removed during the test, these will be sent off to be examined and takes approximately 2 weeks for the results to be returned to the hospital and you would be called back to see us if they were abnormal

Will I need any further test(s) or hospital appointments after this flexible-sigmoidoscopy?

* This depends on what is found during your flexible sigmoidoscopy; usually you will be referred back to your GP for him to discuss any findings from the test or to start treatments; if necessary.
* If more complicated conditions of the bowel are found during your test you may be urgently referred to see a Gastroenterologist or a General Surgeon in the Hospital. You will see a doctor in a outpatient’s clinic appointment, to discuss if further test(s)/ investigations are needed



**Department of Gastroenterology**

**Information for patients having a Sigmoidoscopy**

You have been advised to have a sigmoidoscopy to help find the cause of your symptoms. This test is performed in the Homerton Hospital Endoscopy Unit which is located in the Day Stay Unit. The time and date of your appointment and important telephone numbers are listed below.

This leaflet has been prepared to provide you with some information about the test. We have incorporated questions that are frequently asked by patients who are having the test. It may not answer all your questions so if you have any worries please do not hesitate to ask. The staff who are doing the test will be available to answer any queries.

**Date of Sigmoidoscopy: …………………………………………………….**

**Arrival time in the Day Stay Unit at: …………………………………...**

**Endoscopy advice telephone number: 07771914494.**

**If you are unable to come for your appointment please let us know as soon as possible by phoning Day Stay Unit Reception on 0208 510 7155/7507. Leave a message on the answer phone if your call cannot be answered.**

**If you do not attend for your appointment or do not let us know with at least a days notice, we are unable to schedule another patient into that slot and it is a wasted appointment. If you fail to reschedule or do not attend you will be discharged back to your GP.**

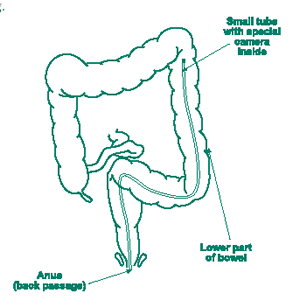
**Summary of important points in this leaflet:**

* **Tell the doctor or nurse if you are diabetic, on warfarin or have a heart condition. You should already have received instructions regarding any change in your warfarin dose.**
* **Arrange for a responsible adult to collect you and take you home if you have sedation.**
* **The test cannot be performed with sedation if you do not have an escort to accompany you home.**

|  |
| --- |
| Sigmoidoscopy is a procedure where a doctor or nurse looks at the lining of the rectum and sigmoid colon using an instrument called a sigmoidoscope. |

**What is a sigmoidoscopy?**

Flexible sigmoidoscopy is a safe procedure that will give your doctor information other tests may not be able to provide. The sigmoid and descending colon are the final portion of the large intestine (colon) that is joined to the rectum (back passage). A flexible sigmoidoscopy is an examination of this part of the gastrointestinal tract and is performed using a small flexible tube with an attached light source that is approximately the size of your finger (see diagram below). It is performed by a doctor with special training in endoscopic procedures. The sigmoidoscope is inserted into the anus and advanced through the rectum, sigmoid colon, and descending colon and allows the doctor to see the lining of the lower bowel. Sigmoidoscopy does not examine all of the large intestine. The procedure is not painful but it may be a little uncomfortable and usually takes from five to fifteen minutes.



**Preparation for the test**

**Bowel preparation**

It is important that your bowel is empty of faeces (stools or motions) so that we can get a clear view of the lining of your bowel wall. The Day Stay Unit staff will give you an enema to clear the lower bowel shortly after your arrival on the Day Stay Unit.

An enema involves a very small tube placed into your rectum (back passage) and some liquid is squeezed into it. You should try and hold on to this liquid for a little while and then empty your bowel before the test. This gives a much clearer view and will make you feel more comfortable.

**Medication**

Iron preparations such as ferrous sulphate should be discontinued for one week before the examination. Iron coats the colon, making it difficult to see the lining. If you take warfarin you will have been given instructions at the time the test was booked as to whether you should stop taking it or whether your INR (warfarin dosage check) needs to measured the day before the test. Most medications for high blood pressure, heart disease, lung disease, and seizure disorders are important and can be taken on the morning of the examination. If you take antibiotics before dental procedures, ask the doctor doing the test if you need them before flexible sigmoidoscopy.

**The test itself**

The doctor will explain the test and answer any questions. Please remind them if you are allergic to anything that you know of. We will ask you to sign a consent form. Usually you do not need an anaesthetic or sedation. If you are having an injection, the doctor will give it to you now into a vein in your hand or arm. You wear a hospital gown so that the lower half of your body can be exposed at the appropriate time. You will be asked to lie on your left side with your knees drawn up toward your chest.

First the doctor will gently insert a gloved and lubricated finger into the rectum to check for any abnormalities. Then the sigmoidoscope will be inserted and gently pushed further into the rectum and colon. Air is gently pumped through the sigmoidoscope to help viewing. This can cause you to feel bloated and uncomfortable. You may feel that you want to go to the toilet, but because the bowel is empty there is no danger of this happening. This is normal and will pass quickly, as will the feeling of bloating. You may pass small amounts of wind. Don’t be embarrassed; this is quite common. As the sigmoidoscope is slowly removed, the lining of the bowel is carefully examined.

A small sample (biopsy) of bowel lining may be taken during the procedure. (A channel in the sigmoidoscope allows the doctor to pass forceps or other instruments to take biopsies) The sample is sent to the laboratory to be looked at under the microscope. It may also be tested for various conditions that can affect the bowel. Taking a biopsy will not be painful for you, - in fact you will probably not be aware that it has been done. The biopsy samples will be retained. Photographs may be taken for your medical records.

**How long will it take?**

A sigmoidoscopy usually takes about 10 - 15 minutes. But, you should allow at least two hours for the whole appointment in the Day Stay Unit to prepare with the enema, for the sigmoidoscopy itself, and to recover.

**Is The Test Safe?**

Flexible sigmoidoscopy and biopsy is a safe procedure, but there is a very small chance (less than 1 in 40,000) of damaging (perforating) the bowel during the test. Some bleeding may occur afterwards if you have had a biopsy (tiny sample) of the bowel lining taken.

Although complications of flexible sigmoidoscopy and biopsy are rare, you should get in touch with the endoscopy unit advice line straight away if you notice any of these symptoms in the 48 hours after the test:

* severe abdominal or rectal pains
* bleeding from the back passage that is persistent or severe including blood clots
* high temperature

**What if sedation is needed?**

Sedation is rarely needed for a flexible sigmoidscopy. If sedation is needed it can sometimes stop you remembering the test itself and you will need to stay in the department for longer until you are awake. Sedation is given in the form of Midazolam (similar to Valium but lasts a shorter time) by an injection into a vein in the back of your hand. The sedative can make you drowsy but it does not 'put you to sleep'. It is not a general anaesthetic. While you are sedated we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected be a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure.

When you have sedation you must have a responsible adult stay to accompany you home after the test.

When you have sedation **you must not**:

* travel home alone on public transport after the test.
* For 24 hours after the test
  + drive any type of motor vehicle.
  + operate any type of machinery.
  + be left alone to care for small children.
  + sign any legally binding documents.
  + make any major decisions.
  + drink alcohol
  + return to work (most people return to work and normal activities the next day)

If you do not have sedation you can carry on as normal.

**Entonox (Gas and Air)**

Entonox, or gas and air, is an alternative to intravenous sedation if any medications are needed. This is an inhaled gas, often used for women in labour, and is available in the endoscopy department if you are experiencing severe abdominal cramps. If needed, simply bring the mouthpiece to your mouth and breathe deeply and evenly, which should take the edge of any discomfort. This has the benefit of working very rapidly (within 30 seconds) and any side-effects (dizziness or nausea) wear off almost immediately, so you can return to normal responsibilities and duties after the procedure is finished.

**Getting the results**

The doctor will talk to you straight after the test is done to outline the findings. Patients who have had sedation often have difficulty remembering what is said to them immediately after the test. It might be helpful to have someone with you when talking to the doctor afterwards. We will also provide you with a copy of the discharge summary that will be sent to your GP and this will summarise the results of the test and any follow up that you need.

Unfortunately, due to the complex lab techniques involved, the biopsy results always take at least one week to become available.

For this reason, the clearest picture of the results will always be available at the next scheduled appointment with you consultant or GP. At this time all the results can be discussed together, along with any treatment options.

**After the test**

**When can I eat and drink?**

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

**Will I have any pain?**

You may experience pain or discomfort where the injection was given: this should pass within 48 hours. You may experience discomfort in your abdomen. This is generally caused by excess gas and usually resolves once the air has been passed out. However, if you have severe pain please contact us at the Endoscopy Unit (between 9am-5pm) or attend your local A&E Department.

**Will there be any bleeding?**

Small amounts of blood can occur when you go to the toilet after biopsies and are no cause for concern. If you pass large amounts of blood or clots, please contact us or visit your local A&E Department.

**When can I start my medications?**

You can take all your normal medicines after the procedure, unless we advise otherwise.

**What can I do tomorrow?**

• If you have had sedation we strongly advise you not to drive, operate machinery, drink alcohol or sign legally binding documents for 24 hours after the sedation was given. Your memory may be temporarily poor and you may also still feel a little sleepy but this should pass over the course of the day.

• If you have not had sedation you can carry on as normal

**What about work?**

You can usually go back to work the day after the test. If you work requires you to do any of the things listed above it is not safe for you to do them for 24 hours after the sedation was given. You can go back to work when you feel back to normal.