

# Flexible Sigmoidoscopy with Phosphate Enema

## Information for patients

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Your doctor has referred you for a flexible sigmoidoscopy with phosphate enema.

### **What is a flexible sigmoidoscopy?**

A flexible sigmoidoscopy is an examination of the first part of your large bowel (colon). A flexible tube (colonoscope) is passed into your back passage and around the first part of your bowel. This will give the Endoscopist, a clear view of the lining of your bowel.

A phosphate enema is given when you arrive in the department to clean the bowel so that the endoscopist can see the lining of the bowel clearly. This is done by gently passing some liquid through your back passage into the lower bowel.

### **Why do I need to have a flexible sigmoidoscopy (sigmoidoscopy)?**

A sigmoidoscopy is usually carried out to investigate when someone has any bright red bleeding from the back passage. It can also be carried out to check if there is any inflammation or 'wear and tear' in the first part of the bowel.

### **How long will I be in the Endoscopy Unit?**

You could be in the unit all morning or all afternoon depending on how busy it is so you may want to bring something to pass the time, such as a book or magazine.

Please do not bring any valuables (including jewellery) into the hospital.

### **What does the test involve?**

A nurse will look after you while you are in the Endoscopy Unit and you can ask questions at any time. You need to undress and put on a hospital gown. You can bring a dressing gown and slippers with you if you like. An extra gown will be provided if you don't bring your own. You should remove piercings and nail polish. The test will be done by a trained endoscopist, or by a trainee supervised by a trained endoscopist.

Before we start the test we will check your breathing, heart rate, blood pressure and oxygen levels. You might be given oxygen to breathe through a mask or small tubes placed at your nose.

The endoscopist will puff some air through the back passage into the bowel which may give you a bloated, windy feeling. When the colonoscope passes round a bend in your bowel you might feel some pain or discomfort for a short period of time. You can be given a painkiller to help with this: either an injection or Gas and Air if you prefer. The test usually takes up to 15 minutes but sometimes takes longer

A biopsy (a small sample of the bowel lining) might be taken and sent to the laboratory for further testing. You will not feel this being done. Photographs and/or a video recording might be taken for your records.

If you have a polyp this can usually be removed during your sigmoidoscopy. If you do have a polyp we usually recommend looking at the rest of the bowel to make sure you don't have any more polyps. You will need another appointment to have this done with a different kind of bowel preparation.

Some people feel anxious about the thought of having this test done. We can help with this by giving you an injection of a medication like valium (sedation). Its main purpose is to take away the feeling of anxiety.

If you choose to have this you **must** have someone to pick you up from the unit, take you home and stay with you for the next 12 hours. If you do not do this you will not be able to have sedation for your test. We would advise you to arrange to have someone stay with you overnight.

## **Consent**

Before we can do the test, we will ask you to sign a form giving us permission, if you are happy for the test to be done.

Before you do this you need to understand why the test is being done and any potential risks. The following information will help with this but if you have any questions, please contact the nursing staff on the numbers provided on page 7 of this leaflet.

## **Benefits of the procedure**

There are a few different ways of looking at the lining of the bowel. The benefit of this test (sigmoidoscopy) is that the lining of the bowel is seen directly and if any biopsies need to be taken or polyps removed, they can usually be done at this time.

A CT scan can sometimes be done instead of a sigmoidoscopy. In some people a Barium enema with X-ray pictures is best. Both of these tests are carried out without sedation but involve exposure to radiation. Both these tests need you to take laxatives to clear out your bowel.

CT scans and barium enemas are not as good at seeing some conditions as sigmoidoscopy and do not allow samples to be taken. If we find something abnormal during these tests we usually need to do either a sigmoidoscopy or colonoscopy too.

Your doctor will have thought about the other ways of looking at your bowel and decided that sigmoidoscopy is the best test for you.

## **Risks of the procedure**

Sigmoidoscopy is usually a safe test to have done but there are risks from the test that you need to know about before you decide to give us permission (consent). The endoscopists are trained in cutting down risks as much as possible, but we cannot remove risk completely. The main risks are:

### **Bleeding**

There could be some bleeding if a biopsy is taken or polyp removed. The risk is about 1 for every 250 polypectomies (American Society for Gastrointestinal Endoscopy, 2011). Bleeding is usually minor and stops on its own but may need to be controlled by the endoscopist using heat, injection or clips. These are placed through the colonoscope.

## **Perforation**

Perforation is a tear of the lining of the bowel. An operation is nearly always needed to repair the tear. The risk is approximately 1 for every 1000 colonoscopies (American Society for Gastrointestinal Endoscopy, 2011). The risk of perforation is higher if a polyp is removed.

## **Missed pathology**

Flexible sigmoidoscopy only looks at the left side of the bowel. Due to the bends and folds in the bowel, it is possible that something small could be missed during your test. If you have a normal sigmoidoscopy and then have some changes in your bowel habit or bleeding, you should still let your GP know. You may need another test called a colonoscopy which will look at the rest of the bowel.

## **Incomplete procedure**

There is a small chance that we are unable to complete your procedure for various reasons. If your laxative hasn't worked well enough then the endoscopist may have to abandon the test. Some people have very sensitive bowels which makes the procedure painful. If your test is not completed on the day of your appointment, the endoscopist will speak to you before discharge and let you know the next step.

## **Intravenous sedation**

Sometimes sedation can cause problems with breathing, heart rate and blood pressure. If any of these problems do happen, they usually don't last long. A trained nurse will look after you during the test and will deal with any problems straight away.

Older people, people who have breathing difficulties or people who have problems with their heart may be checked by a doctor before having the test. It might be safer for these people to have less or no sedation, because the risk of problems from sedation might be higher for them.

## **Gas and Air (Entonox)**

This is very safe for most people but people with some medical conditions are advised not to use it. You should not use Gas and Air if you have:

- Had a recent ear infection or an operation on your ears
- Had recent eye surgery where injections of gas have been used
- Been scuba diving within 48 hours or have decompression sickness
- A collapsed lung (pneumothorax)
- Lung disease or breathing difficulties (unstable asthma, emphysema, COPD)
- A head injury (or suspected or known increased pressure on the brain)
- A known problem with air trapped in the body (e.g. in an artery)
- A severely bloated stomach
- Injuries to the face and jaw.

Some people find the side-effects of Gas and Air (dizziness or nausea) unpleasant but these feelings wear off very quickly if you have a short break from it.

You can ask for more information at any time, so if you have questions please bring this information booklet along with the consent form unsigned and you can speak to a health care professional before signing the form.

There is a video of what will happen during your appointment on NHS Lothian's Vimeo page on the internet. You can access it from the following web address <https://vimeo.com/345862918>. The video was filmed in the Endoscopy Unit at the Western General Hospital but the information is useful no matter where your appointment is.

If you have read the information and you do not wish to go ahead with the test, please speak to your GP or hospital doctor as soon as possible.

Please let us know if you do not plan to come to your appointment. There is a waiting list for this test and we could give your appointment to someone else who is waiting.

## Medicines

Please bring your current medicines with you on the day of your test.

Some of the tests need you to stop taking medicines that thin your blood (anticoagulants/antiplatelets)

**Warfarin**

**Heparin**

**Clopidogrel**

**New anticoagulants (rivaroxaban, apixaban or dabigatran).**

If you are taking any of these medicines, you **must** contact the Endoscopy department phone number on page 7 of this booklet. A nurse will ask you a few questions and let you know if you should stop taking your medicines.

Please note: you do not need to stop taking Aspirin before your procedure. (British Society of Gastroenterology, 2016)

## Other medicines

Please stop taking:

- Iron tablets (7 days before your appointment)
- Water tablets (2 days before)
- Anti-inflammatory pain-killers (2 days before)
- Fibre supplements (2 days before)
- Anti-diarrhoea tablets (2 days before).

Keep taking all other medicines that are not mentioned above.

If you are taking the oral contraceptive pill, the bowel preparation may cause it not to work. Other contraceptive methods should be used during the bowel preparation and for a week following the procedure.

**If you have any questions about your medicines please call the telephone number for the nurses shown on page 7.**

## Preparing/attending for your appointment

If you want sedation for your test then you should have nothing to eat or drink for 3 hours before your appointment time. If you are not having sedation then you can eat and drink as normal.

An enema will be given before the test to clean the lower part of the bowel. This will make you go to the toilet to empty your bowels.

## What happens after the test?

You will be able to rest in the recovery area until you feel able to have a drink and something light to eat. This varies from person to person but is usually around 30-60 minutes. You will have your pulse and blood pressure checked a few times and your nurse will ask you how you feel. Once everything has returned to normal you will be ready for discharge. Some people recover quickly but others need a bit more time. If you have had sedation you **must** be picked up from the unit.

Before you go home the nurse or endoscopist will go over the results of the test and any medication or extra tests needed and they will tell you if you need another appointment. You will also be given some written information with details of the results of the test.

If the person taking you home has left the department, the nursing staff will telephone them when you are ready to go.

If you have had sedation you might feel drowsy for the rest of the day. The effect of the sedation lasts for 24 hours.

### If you have sedation and/or a painkilling injection:

**You should not drive for 24 hours or you will be driving under the influence of drugs.**

**You should not drink alcohol, look after other people, sign any legally binding documents or operate machinery or possibly dangerous household appliances for 24 hours following the procedure.**

## Points to remember

- If you are having sedation, you **must** have someone to take you home and stay with you for 12 hours. We would advise that you arrange to have someone stay with you overnight.
- Our aim is for you to be seen and have your procedure as soon as possible after your arrival. However, the department is very busy and also deals with emergencies so it is possible under these circumstances that your procedure may be delayed.
- If you have any problems with worsening abdominal pain or continuing bleeding after your procedure, please contact the Endoscopy Department between the hours of 8am – 5pm Monday to Friday on the telephone number on page 7 of this booklet.
- Out with these times please phone NHS24 on **111**.

## Information for Patients with Other Medical Conditions

### Patients with implanted cardiac devices (pacemakers, defibrilators)

Some implanted cardiac devices need to be adjusted before sigmoidoscopy can be carried out. Please telephone the number for the nurses shown on page 7. The nurses can then arrange for this to be done.

### Patients with Diabetes

Most people with Diabetes do not need to be admitted to hospital for sigmoidoscopy. We try and arrange for you to have an early morning appointment so that if you want sedation you do not need to fast too long. If you do not have an early appointment and you do want sedation please phone the number for the nurses shown on page 7.

### Cancellation

While we make every effort to avoid this where possible, there is always a risk that your procedure may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your sigmoidoscopy is postponed, you will be offered a new date as soon as possible.

### Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it as soon as possible by phoning **0131 536 4162**. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

### Public transport and travel information

#### Bus details available from:

Lothian Buses on **0131 555 6363** [www.lothianbuses.co.uk](http://www.lothianbuses.co.uk)

Traveline Scotland on **08712002233** or [www.travelinescotland.com](http://www.travelinescotland.com)

#### Train details available from:

National Rail Enquiries on **03457 484 950** or [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

### Patient transport

Patient Transport will only be made available if you have a medical/clinical need. Telephone 0300 123 1236 \*calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hard of hearing or speech impaired? Use text relay: 18001-0300 123 1236\* (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hour answer service).

## **Interpretation and translation**

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

**For legal reasons family members cannot interpret for you.**

**Family members cannot come into the procedure room with you.**

## **Patient Information Online**

Our information leaflets are now available online. To access these, go to:

<https://policyonline.nhsllothian.scot/PatientInformation/> and search “Endoscopy”. You can then select the relevant leaflet from the list.

## **Contact telephone numbers**

**To cancel or change an appointment:                    0131 536 4162**

**To speak to a nurse:**

Western General Hospital Endoscopy unit            **0131 537 1695**

Royal Infirmary of Edinburgh                        **0131 242 1600**

St John’s Hospital (voicemail)                        **01506 523 982**

East Lothian Community Hospital                    **01620 642 885**

Leith Community Treatment Centre                   **0131 536 6442**

<b>Consent Form for a Flexible Sigmoidoscopy (with Phosphate Enema)</b>	Addressograph, or
	Name
	DOB
Unit No./CHI	

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Name of procedure/investigation: <b>Flexible Sigmoidoscopy</b>  Inspection of the colon using a flexible scope – with or without a biopsy and/or a polypectomy. Please read the patient information leaflet for further details: <b>Flexible Sigmoidoscopy with Phosphate Enema version 4.0</b>
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This procedure will involve: Intravenous analgesia <input type="checkbox"/> Inhaled analgesia (Entonox) <input type="checkbox"/> Sedation <input type="checkbox"/> None <input type="checkbox"/>
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<b>Following a request for further information: Statement of the healthcare professional</b>
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With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient, in particular:
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The intended benefits of the procedure:
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The possible risks involved. I have discussed and listed below the significant, unavoidable and/or frequently occurring risks, including any risks that may be of specific concern to the patient:  Risks specific to sigmoidoscopy are bleeding, perforation, incomplete procedure, and missed pathology
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The benefits and risks of alternative treatments that might be offered for this patient – including the option of no treatment:
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Any extra procedure(s) that might become necessary during this procedure e.g. blood transfusion <input type="checkbox"/> Other procedure (please state) <input type="checkbox"/>
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Healthcare Professional's signature: Print name and job title:	Date: ___/___/___
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<b>Statement of interpreter (where appropriate)</b>
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I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe that she / he / they can understand
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Signature: Print name: Or, please note the telephone interpreter ID number:	Date: ___/___/___
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**To the patient**

**You have the right to change your mind at any time, including after you have signed this consent form.**

I have read and understood the information in the patient information leaflet.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I wish to proceed with the planned procedure.

Signature: Print name:	Date: ___/___/___
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If signing for a child or young person (*delete if not applicable*)  
I confirm that I am a person with parental responsibility for the patient named on this form:

Signature: Relationship to the patient:	Date: ___/___/___
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If the patient is unable to sign but has indicated his/her consent, a witness should sign below:

Signature (Witness): Print name: Address:	Date: ___/___/___
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**Confirmation of Consent (where the procedure/treatment has been discussed in advance)**

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Healthcare Professional's signature: Print name and job title:	Date: ___/___/___
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**Withdrawal of patient consent**

The option of withdrawing consent has been discussed and agreed by the team treating the patient.

Signature: Print name:	Date: ___/___/___
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Healthcare Professional's signature: Print name and job title:	Date: ___/___/___
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