

FLEXIBLE SIGMOIDOSCOPY

What you need to know before your procedure

Your doctor has decided that you need a flexible sigmoidoscopy. The following information has been prepared to help you understand the procedure.

Please report to the registration desk in the Endoscopy Clinic, Zone B, Level o, Room Bo-323 at St. Joseph's Hospital. Closest entrance is Grosvenor Entrance 2 on Grosvenor Street.

On: _____

Arrive at: _____

Doctor: _____

Please bring a list of ALL medications *Please leave all jewelry at home

Please do not wear any perfumes/colognes

What is a flexible sigmoidoscopy?

A flexible sigmoidoscope is a short flexible tube that is about the thickness of a finger. It is inserted into the rectum and into the large bowel and allows the doctor to carefully look at the lining of the lower bowel.

The doctor can pass an instrument through the scope and take a small piece of tissue (a biopsy) to be examined under a microscope. Biopsies are taken for many reasons and do not necessarily imply cancer.

What is a polypectomy?

During the course of the examination, a polyp may be found. Polyps are abnormal growths of tissue. If your doctor feels that removal of the polyp is needed, this can be done through the scope.

You should feel no pain during removal of the polyp. Polyps are usually removed because they can cause rectal bleeding or contain cancer. Although the majority of polyps are benign (non-cancerous), a small percentage may contain an area of cancer in them or may develop into cancer.

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What preparation is required?

- Stop iron pills 7 days prior to the procedure.
- Continue your usual diet - NO restrictions unless included in the prep requested by your doctor (see below)
- If you are taking PLAVIX (clopidogrel) or TICLID (ticlopidine) contact your family physician or the specialist who placed you on the medication at least one week before your appointment to discuss whether it is safe for you to stop these medications in preparation for your procedure. If safe, stop these medications one week prior to your procedure. If it is not safe for you to stop the medications, contact the physician who is doing the procedure.
- If you are taking anticoagulants – blood thinning medication) eg. Coumadin/warfarin fragmin (Dalteparin), Pradax (Dabigatran) – low molecular weight heparin, contact your doctor who is doing your procedure at least one week before your appointment to discuss the dosages and arrangements to come in early for a blood test the day of the procedure if necessary.
- All other medication can be taken as usual.
- Prior to the day of your appointment notify the doctor who will be doing your procedure if you have a pacemaker, an implanted cardiac defibrillator.

The bowel preparation requested by your doctor is:

- No prep
- Fleet enema 1 hour prior to your appointment
- Dulcolax 10 mg by mouth at 7:00 p.m. the evening before your procedure and Fleet enema 1 hour prior to your appointment.

Clear fluids ONLY after supper until the time of your procedure

What should I expect during the procedure?

While you are lying on your left side, the flexible sigmoidoscope is inserted into the rectum and gradually advanced through the lower bowel while the lining is examined. This will take about 15 minutes.

The procedure is usually well tolerated and does not cause significant pain. There may be some crampy discomfort and a feeling of rectal fullness. A sedative (medication to help you relax) is rarely required.

What happens after flexible sigmoidoscopy?

You may feel bloated for a few minutes right after the procedure because of the air that was introduced while examining the bowel.

You will be able to continue your usual diet and activity after the procedure unless you are instructed otherwise.

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Are there any complications from flexible sigmoidoscopy?

Flexible sigmoidoscopy is a safe procedure with very low risk when performed by an experienced physician.

One rare complication is a tear (perforation) through the wall of the bowel. Usually surgery is required to repair a tear. However, healing of the tear may also be managed with antibiotics and intravenous fluids in selected cases.

Bleeding may occur from the site of a biopsy or polyp removal. It is usually minor and stops on its own. Rarely transfusions or surgery would be required.

If sedation is given intravenously, localized irritation of the vein may occur at the site of the injection. A tender lump may develop and remain for several weeks to several months but will eventually go away. Contact your family doctor with any concerns.

Other risks include drug reactions and complications from unrelated diseases such as heart problems.

If you have any further questions prior to the procedure or any problems following your procedure, please contact your doctor through the hospital switchboard: 519-646-6000.

REV: March 2015