

What is a flexible sigmoidoscopy and how is it performed?

Flexible sigmoidoscopy is a procedure to inspect the lower part of the colon (large bowel) using a thin, flexible, tube introduced via the rectum (back passage). An intravenous sedative is given prior to the procedure so that you will be sleepy and comfortable during the examination. The entire procedure usually takes between 10 and 20 minutes. Biopsies (small tissue samples) may be taken and polyps (small growths attached to the lining of the bowel) may be removed.

Please notify your doctor if you are pregnant, diabetic, take warfarin or blood thinning medication, suffer from disease affecting the heart valves, or have a pacemaker.

It is necessary to arrange for a relative or friend to accompany you home. You cannot drive yourself.

Instructions for Flexible Sigmoidoscopy

After you are admitted to the Day Procedure Centre, a nurse will administer a small liquid enema into the rectum. This is not painful but will result in stimulating a bowel motion so that the lower part of the bowel is clean for the examination. A laxative bowel preparation drink is not required.

Morning sigmoidoscopy	<p style="text-align: center;">Have nothing to eat or drink after midnight.</p> <p>You must not eat or drink for at least 6 hours prior to the test. You may have your normal morning medications with a small sip of water. If you take diabetic medication including insulin please discuss with your specialist.</p>
Afternoon sigmoidoscopy (booking time 1pm or later)	<p style="text-align: center;">Have nothing to eat or drink after 7am.</p> <p>You may have a light breakfast (e.g. piece of toast and a drink) prior to 7.00am on the morning of the procedure.</p>

What are the risks of flexible sigmoidoscopy?

Any medical procedure carries some risk but colonoscopy is generally considered a safe procedure and complications are rare. Potential complications may include:

- Reaction to the anaesthetic. The anaesthetist will speak to you prior to the procedure
- Bowel perforation (estimated risk is approximately 1 in 1000).
- Major bleeding (estimated risk is 1 in 3300 for biopsies; 1 in 500 for removal of polyps).
- Damage to or bleeding from internal organs such as the spleen (estimated risk is 1 in 1000).

Although rare, some of these complications can be serious and may require hospital admission, blood transfusion, further procedures or even urgent surgery. If you wish to have a more detailed discussion about potential risks, please contact your specialist prior to the procedure Tel: 9650 7917.

What are the limitations of flexible sigmoidoscopy?

Only the lower part of the colon is examined with a flexible sigmoidoscopy. The examination may be further limited by variations in the structure of the bowel, pathology within the bowel or because of inadequate bowel preparation. Therefore, a small proportion of polyps, cancers or other pathologies may escape detection. A CT scan or barium X-ray may be recommended to complete the examination.

If you develop severe abdominal or chest pain, fever, vomit blood or pass black bowel motions, you should contact your doctor immediately or go to the nearest hospital's Emergency Department.