

## **FLEXIBLE SIGMOIDOSCOPY (SHORT COLONOSCOPY) INFORMATION SHEET**

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

Sigmoidoscopy examination of the rectum and the lower end of the large bowel by means of a flexible tube (endoscope). It is the same as a colonoscopy except that it does not examine all of the colon.

The endoscope has thousands of tiny glass fibres within it allowing transmission of light to the tip where there is a tiny camera. If any abnormality is seen, a sample can be taken for examination by the pathologist.

### **Flexible sigmoidoscopy may be recommended:**

- To look for causes of blood loss from the bowel
- To assess the extent of inflammation of the colon
- For screening purposes in people without symptoms to look for polyps or colon cancer
- To see if the bowel is affected by endometriosis
- Following colon surgery to check the bowel and any joins made in it.

### **What is a polyp?**

A polyp is a mass or lump on the wall of the colon (large intestine). It is an overgrowth of glandular cells in the lining of the colon. Adenomatous polyps have the potential to turn cancerous. This transition to cancer takes place over a period of years.

The cause of polyps is unknown. If your family members have had polyps or colorectal cancer, your risk of developing the disease is higher. Also, if you have had a polyp or cancer in the past, you are more at risk of developing future polyps or cancer. Research suggests that polyps and colorectal cancers are less likely to occur if you have a diet high in fibre and calcium, and low in animal fats. When a polyp is found, it should be removed and examined by a Pathologist. When one polyp is found there is a 40% chance there will be others present in the bowel, so it is important to examine the entire colon.

### **Endometriosis**

Flexible sigmoidoscopy is a simple way of finding out if the bowel has been affected by endometriosis, and if so, to what degree. Gynaecologists will often refer patients for flexible sigmoidoscopy before they undergo resection of endometriosis.

Endometriosis may 'tether' the bowel so it is less flexible than normal, it may cause puckering of the bowel, or may grow through the bowel wall so that it is visible with the flexible sigmoidoscope.

The information gained by performing a flexible sigmoidoscopy is very valuable because it gives the best available indication of the extent of the surgery needed for resection of endometriosis.

### **Preparation for flexible sigmoidoscopy**

It is most important that the portion of the rectum and bowel to be examined is cleaned for the examination. The cleaner the bowel the easier and more thorough the examination will be. Cleaning of the bowel is achieved by means of an enema which can be self-administered at home approximately two hours before the procedure or given in the Rooms ½ hour before your appointment with the Specialist. Sometimes it is necessary to give a second enema if the first one does not achieve the desired effect.

If you are self-administering the enema at home, you will need to purchase the enema from the pharmacy. Please see the attached sheet for the details of which product you will need to purchase. Please see the insert inside the Fleet box for the instructions on how to administer the enema.



You can eat and drink normally prior to your procedure unless directed otherwise by the nurse booking you for this procedure.

**Please notify the nurse at Intus if:**

- you have any allergies,
- you have any artificial joints or heart valves,
- you are on warfarin, clopidogrel or any other blood thinning medications
- you are taking Lithium
- You start any new medications after your booking phone call with the nurse
- you are a diabetic
- you are pregnant or there is a chance you may be pregnant

**The examination**

Flexible sigmoidoscopy is carried out on an outpatient basis. It is not a painful procedure, but some discomfort may be felt when CO<sub>2</sub> is introduced into the bowel or the endoscope is maneuvered around the corners of the bowel. The procedure usually lasts between 10 and 15 minutes.

The procedure is generally well tolerated without sedation, however on occasion sedation may be appropriate, and the Practice Nurse will discuss this with you at the time of booking.

Although your view may be limited, you may be able to view some of your procedure (bowel) on the television screen above you. Photographs may be taken of your bowel during the examination as part of your clinical record.

Sometimes there may be a small amount of blood in the bowel motions for up to four to five days after the examination. If bleeding seems excessive to you, or if you have persistent pain or fevers, please contact us immediately.

**Safety measures**

Safety measures (which are sometimes called enablers) will be used during your examination. This may involve holding your hand, manual pressure on your abdomen, using bedrails and taping or bandaging of your intravenous (vein access) port.

**Complications**

Complications are rare. However, as with any diagnostic procedure there are potential risk factors to be considered.

- Bleeding – this can occur with any type of biopsy
- Perforation of the bowel – this may require surgical intervention. This occurs in less than 1 in 10,000 cases.

**Results**

The results of your procedure will be reviewed with you prior to your discharge and you will be emailed a copy of your report. You may have a hazy memory of the period during and just after the examination. If you have any questions about the colonoscopy, please do not hesitate to call us. Any histology (tissue specimens) sent to the laboratory for examination can take up to three weeks to be reported on. On occasion, the laboratory may request a copy of your procedure report to assist them with processing the tissue sample. We do not routinely contact patients to report on results unless there is a significant or unexpected finding. You are welcome to call Intus and speak with your clinician's nurse if you wish to know your results. A copy of this report is sent to your GP.

**Follow up**

If, at the time of flexible endoscopy abnormalities such as polyps or bowel cancer are seen, then it is likely that the rest of the bowel will need examination. This is usually performed by means of colonoscopy which is performed at a later time.

If you do have a polyp you are in a high-risk group and are more likely to develop additional polyps. After a polyp is removed, you are advised to have your colon examined again at regular intervals.



**Fees**

Intus is a private medical health provider.

Southern Cross insured: If you have Southern Cross Medical Insurance, we will seek prior approval on your behalf. You will need to ensure we have your Southern Cross Insurance number. If there is a shortfall between what Southern Cross will pay and the associated fees, you will be required to pay this on the day of service.

Other Health Insurance Provider: If you have another health insurance provider, you will be given a cost estimate to forward on to that provider to get your approval. This is your responsibility. You will need to call Intus with your Prior Approval number prior to the day of service. You will still be required to pay Intus on the day of service and forward your receipt on to your health insurance provider for consideration of reimbursement.

No health insurance: If you have no insurance, we will provide you with a cost estimate so you understand the associated costs of having this procedure. You will be required to pay this on the day of service.

Please let Intus know if you have any questions regarding fees.

Intus Specialist Health Care

Ph 03 977 5977