



# Intus

## Digestive and Colorectal Care

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## Flexible sigmoidoscopy (short colonoscopy)

### 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

approximately two hours before the procedure, or given at the Clinic 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. Please see instruction sheet for use.

*Please notify the nurse at Intus of any allergies, if you have any artificial joint, or artificial heart valve, or if you are on Warfarin, Lithium or are a Diabetic.*

### **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 manoeuvred around the corners of the bowel. The procedure usually lasts between 10 and 15 minutes.

The procedure is generally well tolerated without sedation.

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.

After the procedure the results will be discussed with you and you will be given your procedure report. Any samples taken will be sent to the laboratory. Histology is usually available within three to four days and a copy will be sent to your General Practitioner. 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.

### **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.

If you have any queries, please feel free to contact one of the practice nurses at Intus Digestive and Colorectal Care (see front page for contact details).

You are encouraged to discuss this procedure with your family doctor.