

Flexible Sigmoidoscopy



Patient Information

Gastroenterology Service

If you choose to have sedation for your procedure you must have someone to accompany you home and you will not be able to drive until the following day

What is flexible sigmoidoscopy?

Flexible sigmoidoscopy is an endoscopic procedure allowing a doctor to examine the inside of the lower part of the large bowel. This involves passing a thin flexible tube (sigmoidoscope) through your anus. A video camera on the end of the scope projects images to a viewing screen.

Why is a flexible sigmoidoscopy done?

Often you are referred for this procedure to investigate symptoms from the lower bowel such as bright red bleeding. Sometimes it may be done to investigate findings from a scan, to screen for problems, or to perform therapy e.g. if you have a large polyp in the lower bowel that needs to be removed.

What are the possible complications?

Flexible sigmoidoscopy is a safe procedure and the majority of people will have no problems. Complications are very rare. The two main risks are excessive bleeding or a perforation (tear). These risks are extremely unlikely unless therapy is being performed. If therapy is performed the risks are higher but still uncommon.

If you have sedation other possible risks include reactions to the sedatives used and complications from heart and lung disease.

What preparation is required?

If you think you want to have sedation for the procedure you will need to fast for at least 6 hours before the procedure. You can drink small amounts of water until 2 hours before the procedure and may take your usual medications with a sip of water.

If you do not have sedation you can eat and drink normally until you arrive for the test.

Your rectum and lower colon must be empty for the test to be useful. You will be given an enema prior to the appointment. This is a medication that will help empty the lower part of your bowel.

Possible medication adjustments

You should be able to continue taking most of your normal medications. ***If you are taking blood thinners, insulin/diabetic medicines, or iron tablets it is important that you phone the Gastroenterology Department at least seven days before your appointment*** as you may need to stop or adjust the dose of these medicines.

Should I have sedation?

Diagnostic sigmoidoscopy is usually performed without sedation. This means you can immediately continue your usual activities including working and/or drive yourself home. For most people the discomfort is minimal and outweighed by the convenience of being able to get back to their usual activities immediately.

If you prefer sedation to help you relax during your procedure you must have someone that can drive you home. Sedation works well for most people, even if they are very anxious. It is not a general anaesthetic and you will still have some awareness. The sedation is given through a small needle (cannula) inserted into your vein.

If you need a therapeutic procedure, for example resection of a large polyp, we will usually plan to give you sedation because the procedure will take longer. If your bottom is sore or you are anxious or apprehensive then sedation may be a good choice for you.

The decision about whether or not to have sedation is yours. If you would like to discuss this decision prior to your procedure please contact the department and a nurse can discuss this with you. Otherwise the doctor performing the procedure can discuss this with you on the day.

What can I expect during flexible sigmoidoscopy?

You will be asked to lie on your left side. Monitoring will be attached if sedation is to be given then the medication administered. The lubricated sigmoidoscope is then inserted into your anus and moved into the rectum and lower part of colon.

Gas is used to distend your bowel. This may cause a feeling of pressure, gassiness, bloating or occasionally cramping during the procedure. If you are uncomfortable you will be able to tell us.

Biopsies may be taken. The sigmoidoscopy will usually take 10-20 minutes unless you are having therapy performed such as removal of a large polyp.

Sometimes banding of haemorrhoids will be performed. This requires use of different equipment and will be discussed with you in advance if relevant.

What happens afterwards?

You will be offered a light snack prior to discharge. The results of your sigmoidoscopy will be explained to you by a nurse or doctor and you will receive a copy of the report to take home with you.

You may experience mild cramping or bloating from the air inflated into the bowel during the sigmoidoscopy. This should quickly improve when you pass gas (wind/flatus). If therapy is performed a small amount of bleeding may occur.

Unless told otherwise by the doctor, there are usually no special measures to take after your sigmoidoscopy.

If sedation is used during the sigmoidoscopy please note the following instructions:

Sedation can affect your memory and judgement even though you may not feel any different to normal once the immediate effects wear off.

If you receive sedation, ***please arrange to have a responsible adult to accompany you home***, due to the effect the sedation may have on your judgement and reflexes for the rest of the day. We recommend you have someone to stay with you for the rest of the day and overnight.

If you have sedation you are not allowed to drive, and should not do any of the following for 18 hours after your procedure:

- Consume alcohol
- Make important decisions
- Sign any documents (including legal documents)
- Operate machinery
- Drive a car
- Ride a motorbike
- Ride a push bike

Contact us

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