

## Patient information

# Flexible sigmoidoscopy with haemorrhoid banding

You have been referred by your doctor to have a flexible sigmoidoscopy which may also include haemorrhoid banding. If you are unable to keep your appointment, please notify the department as soon as possible. This will allow staff to give your appointment to someone else and they will arrange another date and time for you.

This booklet has been written to explain the procedures. This will help you make an informed decision in relation to consenting to the investigation. Please read the booklets and consent form carefully. You will need to complete the enclosed questionnaire.

You may be contacted via telephone by a trained endoscopy nurse before the procedure, to go through the admission process and answer any queries you may have. If you are not contacted please come to your appointment at the time stated on your letter.

If you have any mobility problems or there is a possibility you could be pregnant please telephone appointments staff on 01284 712748.

Please note the appointment time is your arrival time on the unit, and not the time of your procedure.

Please remember there will be other patients in the unit who arrive after you, but are taken in for their procedure before you. This is either for medical reasons or they are seeing a different Doctor.

Due to the limited space available and to maintain other patients' privacy and dignity, we only allow patients (and carers) through to the ward area. Relatives/escorts will be contacted once the person is available for collection.

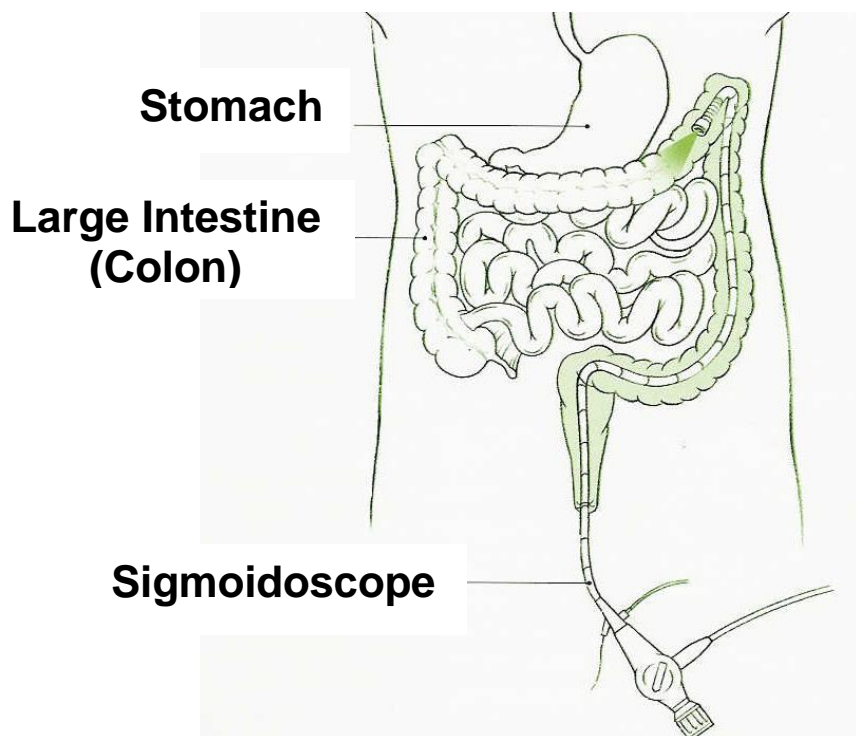
The Endoscopy Unit endeavours to offer single sex facilities, and we aim to make your stay as comfortable and stress free as possible.

## Medications

- If you are taking Warfarin, Clopidogrel (Plavix) or any other anti-coagulant (blood thinning) medication, please contact the appointments staff on 01284 712748 or your GP or hospital doctor, as special arrangements may be needed.
- If you are taking iron tablets (eg ferrous sulphate) please stop taking them seven days before the appointment.
- Diabetic patients should contact their diabetic nurse/GP (have your appointment time and eating plan, which can be found in the back of this booklet with you) for advice adjusting any diabetic medications prior to the procedure.
- Women taking the oral contraceptive pill should be aware that taking bowel preparation might prevent the absorption of the pill. Additional contraceptive precautions should be taken until the next period begins.

## What is a flexible sigmoidoscopy?

This is a procedure that allows the endoscopist to look at the lower part of the large bowel. This is done by passing a long flexible tube (flexible sigmoidoscope) through your back passage and gently passing it around the lower part of your large bowel.



The flexible sigmoidoscope is connected to a television system and has a camera built into the end. Pictures are then seen on a television monitor and photographs may be taken, which will be stored on your medical notes. By examining your bowel the cause of your symptoms may be found, and sometimes we are able to treat them. The procedure usually takes between 15 - 30 minutes.

## **Why do I need a flexible sigmoidoscopy?**

Your doctor is concerned about the symptoms you have been having in the lower part of your bowel. A Flexible Sigmoidoscopy is a good way of finding out whether there is a problem or not. It also helps your doctor to decide on further treatment, if necessary. A flexible sigmoidoscopy is used to investigate a variety of symptoms, for example:

- Abdominal pain
- Change in bowel habit
- Bleeding from the back passage

It can also treat some conditions such as:

- Polyps
- Haemorrhoids (piles)

## **Are there alternatives to flexible sigmoidoscopy?**

A flexible sigmoidoscopy is the best way of looking at the lining of your large bowel. However, an X-ray examination called a CT Colonoscopy is one possible alternative test: this involves having a detailed CT scan which provides pictures of the lining of the bowel. Another alternative X-ray test is called a barium enema: it does not provide such detailed pictures of the lining of the bowel. Neither of the X-ray tests allow treatment to be performed or biopsies to be taken. Therefore you may still need to have a flexible sigmoidoscopy.

If you wish to discuss this further, please contact your GP or your hospital doctor.

## **What are haemorrhoids?**

In the inner lining of the anus there are three haemorrhoidal 'cushions' of tissue which help to seal the anus and contribute to continence (control of the bowel). Often as a result of straining and constipation, these cushions can swell and may become displaced that can cause prolapse (slide out of the anus) during a bowel movement. Haemorrhoidal tissue has a rich blood supply which explains why bleeding is common.

## **What are the symptoms?**

- Bright red bleeding
- Prolapse: the haemorrhoid comes down when passing a motion. They often go back inside on their own or can be pushed back. Occasionally they stay down.
- Mucous discharge
- Pain can occur, but this is uncommon

## **What is haemorrhoid banding?**

Haemorrhoid banding is a treatment which can be very effective for controlling both bleeding and prolapse (protrusion). Haemorrhoid banding normally takes place following flexible sigmoidoscopy, if the endoscopist feels that it is appropriate and the patient gives their consent to the procedure. A small rubber band is placed around the haemorrhoid. This usually causes some discomfort which can be controlled with simple painkillers. You may experience some bleeding at this point. You may also find a sitz bath (a 15 minute bath in water as warm as you can tolerate) very soothing. There may be some bleeding or mucous discharge for a few days. Following banding, haemorrhoids will fall off about 7 - 10 days after the procedure.

## **Are there any complications following haemorrhoid banding?**

Banding of haemorrhoids is very safe and carries few risks, but, as with any procedure, complications do occur occasionally. Thus, in the period following banding you should contact your GP if you experience any of the following:

- Increasing pain, redness, swelling or discharge
- Severe bleeding
- Constipation for more than three days, despite using laxatives
- Difficulty passing urine
- High temperature
- Nausea or vomiting

## **How do I prepare for a flexible sigmoidoscopy?**

- To allow clear view during the procedure, your bowel must be empty. Therefore, it is essential that you follow the bowel preparation instructions and eating plan at the end of this booklet.
- If you are unable to give yourself the micro enema at home, please ring the pre-admission nurse prior to your appointment date on 01284 713101.
- If you do not receive any bowel preparation with this booklet, don't worry, the reason is that you do not require it, or you will be given an enema when you arrive at the unit. You still need to follow the eating plan at the end of this booklet.
- It is important to increase your fluid intake the day before your flexible sigmoidoscopy. You will need to drink about two litres (8 - 10 glasses) of clear fluids per day and you may drink clear fluids, preferably, water up to two hours before your procedure. See examples of clear fluids on the eating plan at the end of this booklet.
- The bowel preparation will result in frequent, loose, stool movements. You may wish to apply barrier cream to your bottom to avoid any irritation or soreness.
- It is advisable to wear loose fitting clothing, as this is more comfortable for you after your flexible sigmoidoscopy.

## **What happens when I arrive?**

On arrival, please report to the endoscopy reception where the receptionist will check your personal details. You will be asked to take a seat in the main waiting area until the nurse escorts you through to the admission room, where the nurse will explain the procedure, ask you about your health, medications and allergies and then take your pulse and blood pressure.

The nurse will discuss the consent form with you, and will answer any questions that you may have. We want to make sure that you understand the procedure and its implications.

You will be asked to undress and put on a hospital gown. Please bring your own dressing gown and slippers if you have them. If you require an enema, it will administered following your admission. You should expect to be on the endoscopy unit for between 2 - 4 hours.

## Medication options for the Procedure

Patients do not necessarily require any medications for a flexible sigmoidoscopy. However some patients may require some mild pain relief or a light sedative during the procedure.

- **Option 1 - Entonox (gas and air):** This is a fast acting form of pain relief which wears off very quickly. It is administered via a hand held mouthpiece, which you will be shown how to use prior to the procedure.
- **Option 2 - Intravenous sedation:** Very occasionally patients require light sedation, which is given via a cannula in your hand or arm. The sedative will help relax you and will take away some of your awareness of the procedure. Please note that this is not a general anaesthetic. The disadvantage of sedation is you will need a responsible adult to collect you from the unit and stay with you for 24 hours. You will not be able to drive, go back to work, operate machinery, drink alcohol, smoke or sign any legal documents for 24 hours, following sedation.

## What does a flexible sigmoidoscopy involve?

- You will be escorted to the procedure room and introduced to the nurse and endoscopist who will be with you throughout the procedure.
- The endoscopist will check that you have full understanding of your procedure and you are willing to have the procedure.
- The Nurse will attach a probe on to one of your fingers, in order to monitor your pulse and oxygen levels.
- If you choose to have sedation, this will be administered through the cannula in your hand/arm at this time.
- If you have chosen to use entonox, you will be shown how to use this.
- A Nurse will be with you at all times, giving guidance and support.
- The endoscopist will then examine your back passage with a gloved finger to make sure that it is safe to pass the flexible sigmoidoscope.
- The flexible sigmoidoscope will then be inserted gently into your back passage and into the large bowel.

- Air/CO<sub>2</sub> will be passed through the flexible sigmoidoscope to open the colon, to give a clear view of the lining of the colon. This may give you some wind-like discomfort.
- You may have the sensation of wanting to go to the toilet, but as your bowel is empty, this will not happen.
- The procedure should take about 15 - 30 minutes to complete. If a small sample of tissue (biopsy) or polyps need to be taken, the procedure may take longer.

## **What is a biopsy?**

A biopsy is a small piece of tissue, which is removed through the flexible sigmoidoscope, using tiny forceps. This procedure is painless and you will probably not be aware of the biopsy being taken.

## **What if I have polyps?**

Polyps are extra growths of tissue on the bowel wall, which can range in size. They are usually benign (not cancers), but if left in the bowel, polyps can sometimes become cancerous. Most polyps can be removed painlessly and completely during the procedure. If a polyp is removed during the procedure the endoscopist may decide to not band haemorrhoids at the same time, due to an increased risk of bleeding.

## **Are there any risks or complications?**

As, with every medical procedure, the risk must be compared to the benefit of having the procedure carried out. The doctor who requested the procedure will have considered this very carefully. Flexible digmoidoscopy is known as an invasive procedure and carries risks/complications.

The major risks/complications in diagnostic procedures include:

- 1 in 1000 cases of haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. On rare occasions, this may require an operation, which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces).
- Removing a polyp can sometimes cause bleeding although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home. Rarely, some people may need a blood transfusion.

- Another rare complication is an adverse reaction to medications.
- Like all tests, this procedure will not show all abnormalities and on rare occasions, a significant abnormality may not be identified. If you have any questions about this, please either ask the endoscopist at the time of the procedure or the doctor who referred you for the procedure.

## **After the procedure**

You will be given time to recover and offered a drink and something to eat while you wait to be discharged from the unit.

If you have had entonox, no restrictions apply as this wears off very quickly. You do not need anyone at home with you and may drive after 30 minutes.

If you have had sedation a responsible adult must come to the Endoscopy Unit to collect you. A responsible adult must be with you at home for 24 hours following sedation. The sedation lasts longer than you might imagine, so it is very important that after your procedure you do not do any of the following for at least 24 hours:

- Drive
- Operate machinery
- Drink alcohol or smoke
- Sign any legal documents

Before you are discharged, the nurse will tell you what was seen during your procedure and what to do next. You will be given a printed sheet with this information to take home.

We will tell you as much as possible about what was found after the procedure. However biopsy / polyp results will take a few weeks to be processed. These results will be sent to the referring doctor.

## **After you have been discharged**

If you experience any of the following problems please contact your GP immediately, informing them you have had a flexible sigmoidoscopy:

- Severe abdominal pain (not cramp caused by wind)



- A sudden passing of a large amount of blood from your back passage (if only a small amount of blood, take no action)
- A firm and swollen abdomen
- High temperature or feeling feverish
- Vomiting

If you are unable to contact or speak to a doctor, please ring the Endoscopy Unit during office hours 8.00am to 9.30pm hours Monday to Thursday and 8.00am to 6.00pm on Friday. Telephone number 01283 713952. Out of hours, you can contact West Suffolk Hospital on 01284 713000 and ask to be put through to the on-call endoscopy nurse for advice.

Please be advised that patients are unable to donate blood for four months following this procedure, as directed by the NHS Blood and Transplant Service.

## **Summary of important information**

If you are unable to give yourself the micro enema at home, please phone the appointment staff prior to your appointment date on 01284 712748.

As, with every medical procedure, the risk must be compared to the benefit of having the procedure carried out. The doctor who has requested the procedure will have considered this very carefully. However, it is your decision whether you wish to go ahead with the procedure or not you are free to change your mind at any time.

It is everyone's aim for you to be seen as soon as possible, however, the unit can be busy and your procedure may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.

Due to limited space available and maintaining all patients privacy and dignity, we can only allow patients (and carers) through to the ward area. Relatives and escorts will be contacted once you are ready for collection.

Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

If you are unable to keep your appointment, please notify 01284 712748 as soon as possible.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your procedure / treatment

may provide an important opportunity for such training under the careful supervision of an experienced endoscopist. You can however, decline the involvement in the formal training of medical or other students; this will not affect your treatment and care.

## Checklist

Things to remember before your procedure:

- Read the booklets carefully
- Fill in the health questionnaire
- Drink plenty of clear fluids up to 2 hours before the appointment
- Follow the specified bowel preparation and eating plan
- Check for specific medication instructions
- Transport arrangements made if you are having sedation

Bring this booklet, health questionnaire and consent form with you to the appointment. Do not sign the consent form, this will be done with a nurse on your admission.

***Bowel prep and diet plan to be attached for flexible sigmoidoscopy.***

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)*

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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