

Having a flexible sigmoidoscopy (examination of your bowel) with bowel preparation

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This leaflet answers common questions about having a colonoscopy. If you would like further information, or have any worries, please do not hesitate to ask your nurse or doctor.

In all cases, a doctor will explain the procedure to you and answer any questions you may have.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a safe, effective way of finding out if you have a problem with the lower part of your digestive system.

During a flexible sigmoidoscopy, an endoscopist will look inside the lower part of your digestive system using a flexible tube around the size of an index finger. The tube will pass through your anus (back passage) and around the large bowel.

Sometimes during the procedure, a small biopsy (piece of tissue) will be taken for further testing. You may feel a slight tugging sensation, but this should not be painful.

Why am I having this procedure?

Your doctor or nurse has recommended this procedure to find out more about the cause of your symptoms. A flexible sigmoidoscopy can help to diagnose or investigate:

- Bleeding from your anus
- Pain in the lower abdomen (tummy)
- Persistent diarrhoea
- Changes to your bowel habits
- Being on a bowel cancer screening pathway
- A strong family history of bowel cancer
- An existing condition that needs review eg crohn's disease or colitis.

Will I have sedation?

Flexible sigmoidoscopy does not require sedation. If you want to have sedation, you will be drowsy and relaxed but able to respond, but it does have a slightly amnesic effect (loss of memory). You will need to have a small needle in the back of your hand to administer this. If you have sedation, you must ensure you have a friend or relative to take you home and to stay with you for at least 24 hours after the procedure. If you have not arranged for this in advance, we cannot give you sedation.

Some patients choose not to have any sedation or to have Entonox (the same as gas and air, often used during childbirth). You can discuss these options with your endoscopist on the day of your procedure.

How do I prepare for the procedure?

It is important that your bowel is empty for a clear view of the bowel lining, and you will be given a laxative enema (a substance that speeds up bowel movement) to take before the test.

If you suffer with any of the below problems, please ensure you inform the nurse on admission:

- Cardiac failure.
- Dialysis or renal transplant.
- Dysphagia (unless via NG/J).
- Gastrointestinal obstruction, perforation, ileus, gastric retention, acute intestinal or gastric ulceration.
- Glucose-6-phosphate dehydrogenase deficiency.
- Hypersensitivity to any of the ingredients listed on the laxative packaging.
- Phenylketonuria.
- Reduced levels of consciousness.
- Recently undergone gastrointestinal surgery.
- Severe acute inflammatory bowel disease.
- Severe renal failure.
- Toxic colitis or toxic megacolon.

If you have a stoma bag, then you must bring a change of bag with you on the day of your procedure.

Please also bring a list of all your medications with you on the day. Certain medications may need to be stopped prior to your procedure, as per the advice below:

Medication	Advice
Iron tablets	Stop seven days prior to the procedure
Anti-inflammatory tablets eg Nurofen, ibuprofen or Voltarol	Stop five days prior to the procedure
Anti-coagulants eg warfarin, clopidogrel, aspirin, rivaroxaban, apixiban	Follow the advice given to you at your outpatient appointment – if you have any questions, please call 0203 758 2018.

List of medications with advice

Please continue any other medication as normal unless instructed otherwise. It is important to follow these instructions as otherwise your procedure may be cancelled on the day.

What will happen on the day of the procedure?

When you arrive, please report to reception to check in. We aim to see you as close to your appointment time as possible. We will keep you informed if there are any delays.

You will be seen by a nurse prior to your procedure to discuss your medical history, perform some simple checks and explain what will happen. You will then be seen by an endoscopist who will discuss the risks and benefits of the procedure, review all the medications you are on and take your consent (permission) to go ahead. Please ensure you ask the team any questions you may have at this point – no question is ever too silly or minor to ask so please feel free to ask the team caring for you if there is anything you want to know.

You will be asked to remove all your clothing and to change into a gown. Please do not wear any jewellery on the day of your appointment.

You will then have whichever type of sedation you have chosen before the procedure begins (either sedation, Entonox, or no sedation). A nurse will be with you throughout the procedure which will take about 30 minutes to complete. You may experience periods of discomfort, particularly at the beginning of the procedure but it should not be painful.

You will be asked to lie down on your side with your knees bent. The endoscope will be inserted into your bowel through your anus. The endoscopist will pass some air down the tube to get a clearer view of the lining of your bowel. This may make you feel slightly bloated or to feel the urge to go to the toilet, but you will not be able to as your bowel is empty. Many people pass wind during the procedure, this is completely normal and nothing to be embarrassed about.

During the procedure the endoscopist may take biopsies (tissue samples), photographs or videos of your gut, even if it all looks normal. You will not feel this.

What happens after the procedure?

You will recover in the endoscopy department. If you had sedation, you would need your friend or relative to take you home. You must not drink alcohol, operate machinery, drive, or make important decisions for 24 hours after the procedure as the sedative can impair your judgement. **You must have someone to stay with you for 24 hours after receiving sedation** otherwise you cannot have sedation.

All patients will receive the results of their test on the day of the procedure, before leaving the department. If you had a biopsy taken it can take a few weeks to receive the result of the laboratory test. Once we receive the result, you will be told the final diagnosis by the team who requested the procedure for you either in clinic or by a letter. Copies of all reports will also be sent to your GP.

You will be discharged by a nurse who will give you the report of the procedure as well as discharge advice for you to follow.

What if I have problems after my test?

It is normal to feel bloated for a few hours after your test however if you have severe pain, black tarry stools, a fever, are passing blood or have persistent bleeding you should go to your nearest A&E department for further advice.

Please also check the discharge sheet you were given when leaving the endoscopy department for any other specific advice to you.

What are the benefits, risks, and alternatives to this procedure?

The benefits of a flexible sigmoidoscopy are that it is a very safe and effective test for diagnosing lower GI (gastro-intestinal) conditions. A flexible sigmoidoscopy also means that, if needed, the endoscopist can take a biopsy (tissue sample) during the procedure which helps to aid a more accurate diagnosis.

Serious complications from this procedure are rare but it is important that you understand all the risks before you decide to go ahead:

- There is a very small risk of damaging your colon during the test which can cause an infection, bleeding, or perforation (tear) of the lining of your bowel.
- Using sedation can cause breathing complications in 1 in every 200 procedures, which are not usually serious.

A flexible sigmoidoscopy is recommended as the most effective procedure for diagnosing your condition however alternatives include a barium enema (uses barium sulphate and X-rays to examine your bowel), CT scan, a sigmoidoscopy (like a colonoscopy but only investigates the lower part of your bowel) or faecal occult blood test (looks for hidden blood in your stool). However, in all these procedures, biopsies cannot be taken so you may still need a flexible sigmoidoscopy.

Giving my consent (permission)

We want to ensure you feel involved and understand any decisions being made about your care and treatment. Therefore, if you decide to go ahead, you will be asked to sign a consent form. This states you agree to have the procedure and that you understand what it involves.

Training

Training doctors and other health professionals is essential to the continuation of the NHS and improving the quality of care. Your treatment can provide an important opportunity for such training under the careful supervision of an experienced doctor.

You can, however, decline to be involved in the formal training of medical and other students – this won't affect your care and treatment in any way.

Contact us

If you are having your procedure at the Royal Free Hospital:

- Tel 020 7794 0500, ext 31642 for appointment booking queries.
- Tel 020 7794 0500, ext 33014 or 32275, between 4pm and 6pm for procedure queries.

If you are having your procedure at Chase Farm Hospital:

- Tel 020 3758 2011 and select option two for appointment booking queries.
- Tel 020 8375 1962 for clinical queries about your procedure.

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