

Mundinus Surgical Services Limited

Mr A F Tonsi MD PhD FRCS
General and Colorectal & Minimal Access Surgeon

MEDICAL SECRETARY
Romina Membrini
E-MAIL: dralfredotonsipa@gmail.com
TEL: 07904793664

Patient Information Having a Flexible Sigmoidoscopy

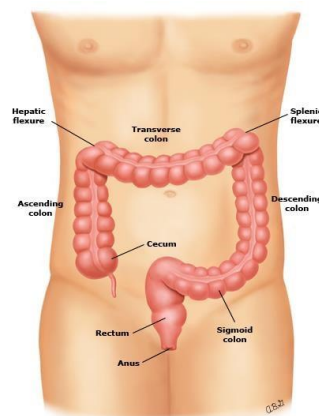
You have been given this leaflet because we are planning to perform a flexible sigmoidoscopy. Please read it carefully. It's important to prepare well for the procedure – the better views we obtain the less likely it is that we'll either miss something or feel that we need to repeat the examination on another occasion. If you have any questions, please don't hesitate to get in touch.

If you are taking iron tablets or blood thinning medications such as Warfarin, Heparin, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Clopidogrel, Prasugrel or Ticagrelor please ensure that Mr Tonsi is aware and has considered whether or not it would be sensible to stop these before the procedure. Sometimes these medicines need to be withheld up to a week in advance, but the advice will be different in each individual case, so your personal plan requires discussion.

The procedure codes you may need for your insurer are:

Flexible sigmoidoscopy – H2502

Gastroscopy and flexible sigmoidoscopy as a combined procedure – G8084,
Sedation – X3510



What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a routine, low risk procedure used to examine the part of the large bowel (colon) nearest to the anus.

You will be asked to lie on your left side while a long, soft, flexible camera about the thickness of your little finger is gently inserted through your anal canal. After that, everything we're looking at will be on the television screen in front of you. You can watch the procedure if you choose to do so and ask questions as we go along. If you are easily mobile you may be asked to move into different positions e.g. onto your back, for different parts of the procedure. This isn't critical if it's not easy for you but can make the procedure more comfortable. We start by steering the camera all the way to the furthest point of insertion. This will depend on why you need the test but is standardly to around a quarter of the way through your colon. This usually takes just a few minutes. The insertion can be mildly uncomfortable, a lot of women liken the sensation to bad period cramps. After that you should be entirely comfortable while we slowly pull the camera back, carefully looking for abnormalities. The withdrawal usually takes about 5 minutes more and considerably longer if abnormalities are detected. Any standard problems including small polyps will be fully assessed and treated on the way out. Taking samples and removing polyps is pain free. If we find a complex issue, larger polyp or there are different options as to your best treatment they might be discussed with you after the procedure and dealt with at another time if you choose endoscopic therapy.

Will I need painkiller and sedation?

People who need regular flexible endoscopies sometimes prefer to have the procedure without any medication, but most people prefer to have painkiller and sedation the first time they come in.

The intravenous drugs we standardly use are:

Buscopan – this doesn't affect you mentally but stops the bowel moving around so makes the procedure easier for me (and in turn for you). Please let me know if you have heart issues or glaucoma (an eye condition) – if so, it may be more sensible not to use it.

Fentanyl – this is a strong opioid based pain killer. It works very quickly. We usually start with a moderate amount but it's no problem to have more if you need it. If you do become uncomfortable during the procedure it will come on gradually so, please just let Mr Tonsi know so he can either do something with the camera to make it sit more comfortably or give you more painkiller.

Midazolam – this is a sedative. We don't use it to put you to sleep, we just use enough to take the nerves away. It just makes you feel like you've had a few

alcoholic drinks. It works well as a relaxant but if you don't feel nervous you may prefer not to have it.

Entonox (gas and air) – you can have this either as well or instead of intravenous drugs. You breathe it in through a mask and it eases discomfort for very short periods.

Some people prefer to be asleep for the procedure. If that is the case, please let Mr Tonsi know well in advance so that an anaesthetist can be present. It is usually not necessary to have a full general anaesthetic. Most anaesthetists will give you small frequent amounts of Propofol to keep you asleep enough that you're not aware of what's happening but not as fully unconscious as you would need to be for an operation. This is called 'enhanced sedation', please ask for the information sheet if you would like more detail.

If you have had painkiller, sedation, or anaesthetic for the procedure you will need to have someone to pick you up, take you home and stay with you for 24 hours. During that period, you must not:

- Drive or ride a bicycle
- Operate machinery or do anything requiring skill or judgement
- Drink alcohol
- Take sleeping tablets
- Make any important decisions, sign contracts or legal documents

What will happen on the day?

There is no need to follow a special diet in the days leading up to your procedure. You do need to stop eating and drinking four hours before the procedure. If you have a morning appointment, please eat and drink normally the day before but eat and drink nothing from midnight the night before the procedure. If you have an afternoon appointment, then you can eat and drink until 9:30am. Then please eat and drink nothing until after the procedure.

Using the phosphate enema - you should have received a prescription for a phosphate enema from Mr Tonsi. Please collect this from the pharmacist in plenty of time in case there are any problems obtaining it. Use the enema around an hour before you need to leave home. There are instructions of how to best use the enema in the box. Please follow them carefully. You may like to put the unopened enema bottle into a jug of warm water for 5 minutes to bring the solution to body temperature. It usually works very quickly to clear the tail end and allow good views. Most people don't find it particularly unpleasant to

use. Some people feel lightheaded if they get up too quickly after using the enema, it's best to stand slowly.

When you arrive in the unit, you will be asked to wait in a private cubicle until you are seen by a nurse, who will ask you about your medical history. You asked to change into a hospital gown and 'dignity shorts', similar to back to front boxer shorts. Mr Tonsi will then answer any further questions you may have and ask you to sign a consent form stating that you understand what having a flexible sigmoidoscopy involves, know the risks and give your permission to go ahead with the procedure.

You will then be taken through to the endoscopy unit where a small needle will be inserted into your arm or hand if you have elected to have sedation.

You will be asked to lie on your left side on a trolley. A nurse will stay with you throughout the examination. It is normal for small samples to be taken, analysed, and stored in the laboratory where they may be used for education or research in the future. It is also normal for electronic photographs to be taken and stored on the system for future reference.

You will then be taken back to your cubicle and offered some food and drink. You can go home within an hour or two of your treatment if you feel well.

Are there others tests I could have instead?

It depends why you're having the flexible sigmoidoscopy:

Faecal Calprotectin (FCP) is a stool sample test which is very effective at picking up whether you have inflammation or ulceration in your bowel. If it is positive, it is likely that we would still suggest a colonoscopy

Faecal Immunochemical test (FIT) is a stool sample test looking for the small amount of blood produced by bowel cancers and polyps. If it is negative, it is unlikely you have cancer (but you may still have polyps). If it is positive, it is likely that you will need a colonoscopy to look for the cause

Computerised tomography colonogram (CT colon or CTC) – this is a CT scan especially set up to look at the bowel. It is good at picking up polyps and cancers. It has the advantage that it gives us views of organs outside the bowel wall (such as liver and kidneys). It does involve a significant radiation dose though and if abnormalities are detected you are likely to need a colonoscopy to further assess or remove the lesions.

Colonoscopy - the same camera is used to assess your entire large bowel. It has the disadvantage that you have to take a very strong oral laxative to clear your bowel completely, it takes longer and has slightly higher risks (but still very safe).

When will I get the results?

Most of the important information will be given to you during and immediately after the procedure. Please do ask for a copy of your report to take away with you. Mr Tonsi's PA can email an electronic copy at your request. Samples or lesions removed from your bowel will usually be sent to the laboratory to be examined down the microscope. Please make a follow up outpatient appointment for roughly two weeks after the procedure so we can discuss these results.

How risky is the procedure?

Serious complications are very rare. If you have sedation then it can cause an allergic reaction, a drop in your blood pressure, slow your breathing or make you feel less steady on your feet afterwards. You may have a bruise where your cannula was placed or attempted.

Occasionally trauma from the camera can cause bleeding or a tear in your bowel wall (perforation). This is more likely if we find polyps that need removing. If either of these things does occur during the procedure, then it's usually possible to treat them using metal clips inserted through the endoscope. Occasionally an operation could become necessary and may leave you with a stoma bag.

Sometimes it is not possible to complete the procedure, usually because your bowel hasn't emptied completely, because you have a tight area that the camera cannot pass or because it is too uncomfortable for you. In that case, the test may need to be repeated or an alternative found.

It is possible for bleeding or a perforation to occur after the procedure:

Bleeding is usually seen as visible blood mixed into or separate from the stool; anything more than two tablespoons needs medical attention. If there is a slow ooze of blood then you may not see it but may develop symptoms of anaemia (a lack of blood in your body) such as headache, dizziness on standing or extreme tiredness. Usually, the best way to stop bleeding is to reinsert the camera and treat the blood vessel with cauterisation or a clip.

Perforation after the procedure is extremely unusual but very serious when it does happen. It is normal to have crampy 'trapped wind' type discomfort, nausea, and some bloating immediately after the procedure, but these should gradually settle over a few hours. If those symptoms worsen, particularly if that happens suddenly, then please seek urgent medical attention; an operation may be required.

Occasionally people can develop blood clots in their lung after the procedure. This would usually be felt as chest pain or shortness of breath.

If you experience symptoms, you are concerned about please go to your nearest A&E (ideally the Royal Sussex County Hospital). It would be helpful to take a copy of this leaflet and your endoscopy report.

If you are less acutely concerned but would like to talk through your symptoms, please contact Mr Tonsi's PA, on the phone number or email address above. Mr Tonsi will call you back as soon as possible.