

FLEXIBLE SIGMOIDOSCOPY

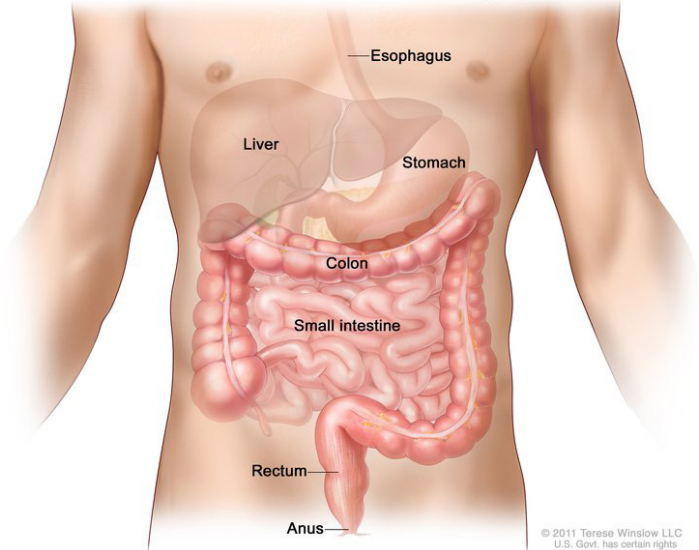
What is a flexible sigmoidoscopy?

- A flexible sigmoidoscopy (also called a “flex sig” for short) allows the doctor to examine the end part of the colon and rectum.
- A long, thin (about the width of your little finger), flexible tube with a tiny camera on the end is inserted into the anus and advanced through the lower third of the colon and rectum.
- The scope blows air to inflate the colon to allow the doctor to more carefully examine the colon.
- The doctor can insert instruments through the scope that can sample the colon tissue or remove polyps (abnormal growths from the wall of the colon).

Will I feel anything during the procedure?

- Most individuals will be fully awake during the procedure because it is so short, approximately 10 minutes in duration.
- If you are not sedated, then you will be able to feel the small tube being inserted and feel pressure, bloating, or slight cramping as the scope is advanced the short distance.
- Some individuals will receive sedating medications through an IV line and will not be likely to feel or remember any part of the procedure.

Lower Gastrointestinal Anatomy



What do I need to purchase prior to the procedure?

- You can purchase two saline enemas or tap water enemas from Amazon, Walgreens, Target, or CVS for under \$10. No prescriptions are needed.



COMPREHENSIVE
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How do I prepare for the flexible sigmoidoscopy?

- **Two hours before leaving for your procedure, administer the first enema.**
 - Lie on your left side with your right knee bent towards your chest.
 - Apply Vaseline ointment to the area around your anus to prevent irritation.
 - Empty the enema into your rectum.
 - Try to retain the fluid for at least 10 minutes, 15-20 minutes would be best.
 - Evacuate your bowels.
- **One hour before leaving for your procedure, administer the second enema.**
 - Lie on your left side with your right knee bent towards your chest.
 - Apply Vaseline ointment to the area around your anus to prevent irritation.
 - Empty the enema into your rectum.
 - Try to retain the fluid for at least 10 minutes, 15-20 minutes would be best.
 - Evacuate your bowels.
- **If you are going to be receiving sedation:**
 - Make sure that you have a driver.
 - Have no solid food after midnight.
 - You may have clear liquids in the morning (anything you can see through) up until 3 hours before your scheduled procedure time.
 - Remember that in the 3 hours before your scheduled procedure time absolutely nothing more to eat or drink!

What about my medications?

- **If you take medications for HIGH BLOOD PRESSURE, IRREGULAR HEART BEAT, SEIZURES, ASTHMA, THYROID, or PREDNISONE:**
 - Please take your medication with a sip of water the morning of your procedure.

What should I bring?

- **The first and last names of all doctors you would like us to send a copy of procedure report.**
- **Someone to drive you home if you are going to be sedated.**
 - You will not be able to drive, operate machinery, make any important or legal decisions, or return to work for the rest of the day.
- **Your insurance cards.**
 - If you have specific questions about coverage for your upcoming procedure, please contact your insurance company.
- **Your medication list.**

What should I wear?

- **Wear comfortable, loose fitting clothing that is easy to step into.**
- **Wear flat shoes (skip the heels).**
- **Do not wear jewelry or bring valuables.**
- **You may wear makeup, but please skip the fragrances and body lotion.**

How long will I be there?

- **Arrive 40 minutes before your scheduled appointment time.**
- **Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for his or her procedure.**
- **Typically we run on schedule and the duration from the time of drop off until you leave to go home runs approximately 1.5 hours if not sedated and 2 hours if sedation is given.**



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What should I expect after I arrive?

- After the administrative check in, a nurse will ask questions to ensure the patient understands the procedure and the reason it is planned.
- The vital signs (blood pressure, heart rate, and blood oxygen level) will be monitored before, during, and after the examination.
 - The monitoring is not painful, though the first time the blood pressure cuff inflates it can be uncomfortable for 20-30 seconds.
- If you are receiving sedation, the nurse will start an intravenous line (insert a needle into a vein in the hand or arm; feels similar to having blood drawn) to administer medications.

What happens after the procedure?

- If you do not receive sedation, you will get dressed and may leave right away.
- If you receive sedation, you will be recovering for approximately 30-40 minutes.
 - Due to the lingering effects from the sedation medication, you may not remember the physician speaking to you. If you gave permission prior to the procedure, the doctor will review the findings with your family member or responsible adult that accompanies you.
 - You will be able to eat and drink right after the procedure is completed.
 - **You will NOT be able to drive or return to work for the remainder of the day.**
 - Although you will be awake by the time you are discharged, the sedative medications cause changes in reflexes and judgment that cause a person to feel well but can interfere with the ability to make decisions, similar to the effects of alcohol.

Are flexible sigmoidoscopies safe?

- Flexible sigmoidoscopy is a safe procedure and complications are very rare, but they can occur.
- Risks include:
 - If you are sedated, adverse reactions to the medications are possible. By learning about your previous medication allergies or reactions and about health problems such as heart, lung, kidney, or liver disease, we will try to minimize the likelihood of an adverse reaction.
 - Medications can also cause irritation in the vein at the site of the intravenous line. If redness, swelling, or warmth occur, applying a warm wet towel to the site may relieve the discomfort. If the discomfort persists, please call the office.
 - The colonoscope can cause a tear or hole in the tissue being examined, which is a serious problem, but fortunately, very uncommon (approximately 1 in every 3,000-5,000 colonoscopies, less with flexible sigmoidoscopies).
 - Bleeding can occur from biopsies or the removal of polyps, but it is usually minimal and stops quickly or can be controlled.
 - Lastly, flexible sigmoidoscopy only visualizes the lower third of the colon. Abnormalities present in the beginning two thirds of the colon could be missed.

