

FLEXIBLE SIGMOIDOSCOPY

Your flexible sigmoidoscopy will take place on _____ at _____ in the endoscopy laboratory located in **room G-304** of the Jewish General Hospital or B-360 of the Saint Mary's Hospital. Please notify us of any cancellation at least 24 hours in advance.

BACKGROUND INFORMATION:

A *flexible sigmoidoscopy* is a test in which a *colonoscope* (long flexible tube) is inserted through the anus and advanced across a part of the large intestine (colon), for the purpose of examining the lining with more detail than can be seen by X-ray. It is usually performed to investigate symptoms, or control bleeding. During the test, the doctor may take a small piece of tissue (biopsy) to be analyzed in the laboratory. Occasionally, abnormal growths (polyps) may be detected. While the majority of polyps are benign, they are usually removed in case they may harbor precancerous cells. To remove a polyp, your doctor may insert a wire loop (snare) through the colonoscope, and remove the polyp using an electrical device. This procedure is generally painless. Sigmoidoscopy also allows for injection of medications to stop bleeding, or cauterization (burning) of bleeding zones or dilated blood vessels. Rarely, stretching of narrowed zones (dilatation) could also be done.

Your doctor may give you medication through a vein to make you relaxed and comfortable, *although in most cases the procedure is done without sedation*. If you receive a sedative, you may fall asleep during or after the procedure. You may also be given extra oxygen through the nose. During the examination, it is common to feel bloated, since air is being inserted into the colon to improve visibility.

After the sigmoidoscopy, if you have received medications, you will remain in the endoscopy area until the effects of the medications have sufficiently worn off. You may feel bloated for the next few hours, until you pass gas. You will be able to resume your usual diet immediately, unless instructed otherwise by the doctor or nurse. **If you receive a sedative, you will not be allowed to drive for 8 hours following the procedure.**

INSTRUCTIONS

The left side of your colon must be **COMPLETELY EMPTY** in order for the sigmoidoscopy to be successful. Please follow these instructions carefully:

1. Purchase **2 fleet enemas** at the pharmacy.
2. The day of the exam, take the **1st fleet enema 2 hours before** the procedure.
3. Take the **2nd fleet enema 1 hour before** the procedure.
4. There are no specific dietary restrictions the day prior to the procedure, although we advise you to eat only a light breakfast the morning of the test.

PRECAUTIONS

This procedure is usually performed without a sedative, which means you do not necessarily need to be accompanied. If, however, there is a chance you might request to be sedated, please come accompanied or arrange for alternate means of transportation, since you will not be fit to drive for the following 8 hours.

Please remove all jewelry before the procedure, in case electrical current is used (the jewelry can attract the current and cause local tissue damage). It is advisable to leave it at home, in order to avoid theft or loss.

- a. **If you are taking Plavix**, you must discuss with your treating physician to see if it can be stopped safely before the test
- b. **If you are taking Coumadin** or other anticoagulants and are already followed in the Anticoagulation clinic of this hospital, you will need to return to the clinic for instructions on how long to hold the medication prior to the procedure, and whether you will need heparin injections to compensate. If you are followed elsewhere, you will be referred to the Thrombosis clinic of this hospital for assessment and plan
- c. If you take **iron pills**, you must stop them **7 days** before your procedure if possible
- d. **If you are allergic to any medications, soy or eggs, notify the nurse and doctor**

COMPLICATIONS

Sigmoidoscopy and polypectomy are associated with a very low risk of complications when performed by specialized physicians. One possible complication is a *perforation* (a tear in the wall of your intestine) that can occur in less than 0.1% of cases. If that were to occur, bowel rest, in conjunction with antibiotics and intravenous solutions are often sufficient to resolve the problem. Rarely does it require a surgical intervention. *Bleeding* may occur at the site of biopsy or polyp removal. It is usually minor and stops on its own, or can be controlled by cauterization (application of electrical current), or injecting medication into the bleeding site, using a needle through the colonoscope. It is extremely rare to require transfusions or surgery to stop the bleeding.

Localized irritation of the vein or even a small bruise may occur at the site of injection of medication. This will resolve in a few days, or rarely after a few weeks. We rarely see *reactions to the medication* administered during the procedure. These reactions usually resolve by themselves rapidly. Other extremely rare complications can occur in predisposed patients, including heart attack or a stroke. As for any other medical intervention, cases of death have been reported, but this is extremely rare.

INFORMED CONSENT

I have read and understand the content of this consent form. I agree to undergo the flexible sigmoidoscopy (with or without biopsy, injection, cauterization, or dilatation).

Patient signature

witness

Date

doctor's signature