

Community Endoscopy Service Flexible Sigmoidoscopy Instruction Notes – AFTERNOON APPOINTMENT

Our aim is to make your visit to the Community Endoscopy Service as safe, easy and as relaxed as possible.

To help us achieve this, please read these notes and follow the instructions as stated.

A flexible sigmoidoscopy has been booked for you. Please see the enclosed letter.

If you are unable to attend this appointment, please telephone the number detailed on your letter.

The Centre is open Monday to Friday whilst it is not always possible for calls to be answered personally, an answer phone service is available and your call will be returned as promptly as possible.

All patient records are handled ensuring patient confidentiality is maintained at all times.

Patient Data

All patient records are handled ensuring patient confidentiality is maintained at all times. Information from your diagnostic test will contribute to the Diagnostic Imaging Dataset.

Nothing will ever be reported that identifies you.

The Diagnostic Imaging Dataset (DID) is a database that holds information on the imaging tests and scans carried out on NHS patients. This will allow the Health and Social Care Information Centre to see how different tests are used across the country.

The following information is collected:

- information about the diagnostic tests that you have
- your NHS number
- your date of birth
- postcode

All information is stored securely. It is only made available to appropriate staff, and is kept strictly confidential.

The dataset will be most effective when it has information from as many patients as possible.

However, if you do not want your information to be stored in the DID, **please tell the people who are treating you**. They will make sure your information is not copied into the DID. You may, at a later date, still decide to opt out. Please contact the Health and Social Care Information Centre directly, their contact details are:

Telephone 0845 300 6016 Email: enquiries@ic.nhs.uk

Website: www.ic.nhs.uk

Check List of items to bring with you	
Consent form	
Health Questionnaire	
List of medication	
Dressing Gown & slippers	
Contact number of transport home	
Please leave all valuables at home, the clinic cannot take responsibility for the loss or damage to personal property during your time on the premises.	

What is a Flexible Sigmoidoscopy?

A flexible sigmoidoscopy is a test which allows a look at the lower part of the large bowel (Sigmoid colon). The endoscopist will use a flexible tube with a light at the end. The tube is passed through the rectum into the large bowel. The endoscopist gets a clear view of the lining of the bowel and can check whether or not any disease is present.

Sometimes the endoscopist takes a biopsy – a sample of the lining for examination in the laboratory. A small piece of tissue is removed painlessly through the Colonoscope using tiny forceps.

It is also possible to remove polyps during the test. Polyps are small lumps on the bowel wall, which the endoscopist will want examined by the laboratory.

The procedure itself takes approximately 15 minutes, however you should expect to be at the clinic for 2-3 hours. This does vary from clinic to clinic and is dependent on whether you have sedation. The admitting nurse will be able to give you an estimated time on the day.

Instructions for all patients

- Regular medication may be taken on the morning of the procedure with a small amount of water.
- If you are on iron tablets please stop taking them **7 days** before the test.
- Please bring with you a list of all current medication and inhalers.
- If you are diabetic and take insulin please make sure you read page 6.
- If you are diabetic and take tablets please read page 7.
- If you are on Warfarin, Aspirin or other tablets to thin your blood please make sure you read page 7.
- Please try **not** to smoke for 2 days prior to this procedure.

Preparation for your Flexible Sigmoidoscopy

In order to carry out the examination it is necessary to have your bowel empty and clear of faeces (bowel motion). If the bowel is not clear an accurate examination cannot be performed and in these circumstances the examination may have to be abandoned.

CITRAMAG AND SENOKOT INFORMATION LEAFLET – AFTERNOON APPOINTMENT Flexible Sigmoidoscopy

IMPORTANT INFORMATION

Please follow **THIS** instruction leaflet very carefully. It has been designed specifically for the flexible sigmoidoscopy procedure and may differ from the manufacturer's instructions.

What is your medicine used for?

1 sachet of Citramag and 5 Senna tablets have been prescribed to empty your bowel prior to the flexible sigmoidoscopy, as it is a powerful laxative. It is advisable for you to use a barrier cream around your bottom (anus) e.g. Vaseline, white paraffin etc.

Do not use Citramag / Senna if:

- You have severe kidney failure (are on dialysis)
- You are pregnant or breast feeding (Please contact the Endoscopy Unit for advice).

Side Effects

Very soon after taking the preparation or within a few hours you will experience a sudden onset of diarrhoea. You may initially get some stomach cramps, dizziness, nausea or vomiting. Do not go out and stay close by a toilet. This feeling should ease but may not completely go. Continue to drink clear fluids if you can.

You can take any other medication as normal

Other Important Notes

1. Do not take any iron tablets or multivitamin tablets containing iron for 7 days before your procedure.
2. It is important that **no solid food** is taken once you start taking Citramag.
3. The day before you start your Citramag bowel preparation, please take a **low residue diet**. Low residue is the opposite of high fibre. Follow the diet sheet in the booklet.
4. Clear liquid means fruit juice/cordials (except red or purple coloured juices), black tea or black coffee, clear soup, Bovril, Oxo and fizzy drinks (i.e. lemonade, cola). Take **no** alcoholic drinks.

The bowel preparation regime

7 days before your afternoon appointment - do not take iron tablets.

1 day before your afternoon appointment – You may eat and drink today, but please take a low residue diet (see previous sheet). Take the 5 Senna tablets with a glass of water in the evening.

Some patients do not have a bowel movement straight away so continue to take fluids.

The day of your afternoon appointment

07:00 hrs have a light breakfast. See diet sheet. You can alter the suggestions with similar foods.

07:30 hrs Pour 200mls / 8 fluid ounces (a large glass) of hot water into a large measuring jug and empty in one complete sachet of CITRAMAG. Do not mix in a small container as the mixture will fizz over and you will waste some. Stir thoroughly and allow to cool. Drink all of the CITRAMAG solution.

No solid food or drinks with milk must be taken after this time. Clear fluids may be taken freely (see note 4 overleaf).

PLEASE TAKE PLENTY OF CLEAR FLUIDS AS REQUIRED UNTIL YOUR APPOINTMENT

To ensure that your examination is a success, please follow the instructions carefully. You can eat normally once the examination is over.

What will happen during the Sigmoidoscopy?

You will be asked to lie on your left hand side with your knees slightly bent towards your chest. The whole test takes about 10 – 15 minutes.

Some carbon dioxide is put into the bowel so that we get good views. You may experience some abdominal discomfort for a short time. You may also get the sensation of wanting to go to the toilet, but as the bowel is empty this will not happen.

The endoscopist may take a biopsy (sample) or remove a polyp. Both of these are painless.

How will I feel after the Sigmoidoscopy?

You may feel a little bloated and you may have some wind. Occasionally there may be some bleeding, but this should not last more than 24 hours.

How should I look after myself afterwards?

Drink plenty of fluids and resume your normal diet.

What are the risks of having a Sigmoidoscopy?

This is a very safe procedure with a very low complication rate. But all procedures have some risks.

Complications – these are very rare;

- An abnormality might be missed, perhaps because the bowel was not clean or for technical reasons. This may occur in less than 5% of cases, but usually only with polyps smaller than 1 centimeter.
- Bleeding happens about once in every 16,000 procedures and once in every 1,000 procedures when removal of a polyp is necessary. Occasionally it is severe and requires a blood transfusion and a few days in hospital.
- Perforation - a hole in the bowel wall that may require an operation to repair it. This happens once in every 1,500 procedures, the risk is increased if a polyp is removed.

You may pass some traces of blood from the back passage following this examination. Should this persist or increase please contact your emergency GP.

Results

The results of your procedure will be available at the time of the investigation. Biopsy results will take approximately 2-3 weeks. Please make an appointment with your GP to discuss them after this time. Do not ring the clinic for results, as they will not be available.

Sedation

Some patients may require sedation in order to undergo the procedure. This is not a general anaesthetic but a sedative and is known as 'conscious sedation' this will make you relaxed and sleepy.

On occasions Entonox (50% Nitrous gas and 50% Oxygen) may be given which is inhaled via a mouthpiece, held by the patient.

Specific instructions for patients receiving sedation

- You will not be able to drive a car, travel by public transport, operate machinery, smoke, drink alcohol or sign any legal documents until 24 hours after your procedure as your judgement may be impaired.
- You must arrange for someone to take you home, this could be up to three hours after your appointment time.
- You will also need a responsible adult at home to stay with you until twelve hours post procedure.

Complications

- Possible complications from sedation are rare but these may include nausea, vomiting, (chest infection following regurgitation of vomit.), low blood pressure, low blood oxygen levels.
- In extreme cases patients may experience chest pain, irregular heartbeat stroke or heart attack.

If you are diabetic on insulin follow the instructions below:

For a morning appointment –

- One day before your flexible sigmoidoscopy - Take your bowel preparation as instructed and follow the diet instructions (clear fluids). Take **half** your normal insulin dose. Check your blood sugars regularly- taking extra sweet drinks if the level is low.
- Day of the test - Do **not** take your insulin; continue taking fluids until 2 hours before the test. Bring your insulin with you to the clinic. Continue to check your blood sugar and take sweet drinks if the level is low.
- After the test - Take **half** your normal dose of insulin and a sandwich. Return to normal insulin dose in the evening, but continue to check your blood sugar.

For an afternoon appointment –

- Follow the above instructions until the day of the test.
- Day of the test - Take **half** your morning dose of insulin and bring your insulin to the clinic. Check blood sugars regularly and take sweet drinks if it is low.
- After the test - Take **half** the morning dose of insulin when you start to eat and drink. In the evening take **half** the evening dose of insulin. Continue to check your blood sugars.

If you are diabetic on tablets follow the instructions below:

For a morning or afternoon appointment –

- The day of bowel preparation – Take your bowel preparation as instructed and follow the diet instructions (clear fluids) and take your normal tablet dose. Check your blood sugars regularly, taking extra sweet drinks if the level is low.
- Day of the test – Do **not** take your tablets; continue taking fluids until 2 hours before the test.
- Continue to check your blood sugar and take sweet drinks if the level is low.
- After the test – return to normal tablet dose and eat as normal in the evening but continue to check your blood sugar.

If you are taking tablets to thin your blood such as Warfarin please read the following instructions carefully:

- Make an appointment to have your INR checked the day before your procedure and bring the results with you.
- If it is in the therapeutic range (the range individually specified for you by your doctor) then continue with the same dose of Warfarin.
- If the INR is above your therapeutic range, then you will need to reduce the dose of Warfarin to bring the INR back to within the therapeutic range.
- You do not need to stop taking the Warfarin tablets.

If you are taking anti-platelet tablets (drugs which thin the blood and reduce clots) for example, Aspirin, Dipyridamole (Persantin) or Clopidogrel (Plavix)

- You do not need to take any action and should continue with your medication at the same dose.

If you are unsure with regard to the above instructions, please consult your GP or practice nurse taking this information with you.

Discharge instructions

After your test you will be taken out into our recovery area. If you have been sedated your blood pressure and pulse will be taken until you are awake and alert. Before you go home you will be offered refreshments.

The endoscopist will give you the preliminary results of your test and when the nurse feels you have recovered enough she will discharge you from the unit, to the safety of your relative/friend. You may experience some abdominal discomfort and wind, do not hold it in, allow it to pass out naturally.

You may also find that you bleed a little, especially when going to the toilet. This is quite normal and will not last long. In the unlikely event of any severe pain or bleeding, this should be reported at once to your GP. Out of hours contact you should attend your nearest Emergency Department.

If you wish to comment or complain about any aspect of the service provided, including these notes, please address your comments to:

National Operations Manager
Community Endoscopy Service,
Beechwood Hall
Kingsmead Road
High Wycombe
Buckinghamshire
HP11 1JL

(Please state clearly within your letter which Endoscopy Unit you attended).

Diet Sheet

Low residue diet – residue is the indigestible part of cereals, fruit and vegetables, also known as fibre.

Foods to Avoid

Wholemeal Bread	Ryvita
Wheatmeal bread	Vita Wheat
Granary bread	Nuts
Wholemeal flour	Oat Cakes
Bran biscuits	Coconut biscuits
Digestive Biscuits	Vegetables (fresh or tinned)
Fruit (fresh or tinned)	Mushrooms
Sweet corn	Potato skins

All cereals containing bran or whole-wheat e.g. Muesli, Shredded Wheat, Bran Flakes.

Foods allowed

Milk	White bread
Butter	White flour
Cheese	Cornflakes
Eggs	Rice Krispies
Lean tender lamb, beef, pork, chicken, turkey, offal, bacon,	Smooth biscuits
Fish	Shortcake, cream crackers, Water biscuits, sponge cake,
Yorkshire Pudding, pancakes, Bread Sauce	Madeira cake, Icing
Clear and Pureed soups	Ice Cream, Ice lollies, Yoghurt
Potatoes (boiled or mashed)	Jelly jam
Tomato pulp (no skins or pips)	Pastry (non wholemeal)
Boiled sweets, toffees, plain Or milk chocolates	Spaghetti and pasta White rice
Crisps	

Community Endoscopy Service

Patient, please fill in before attending
NHS No:
Surname:
First name:
DOB:
Address:
Tel No:

Consent Form for Flexible Sigmoidoscopy

(Endoscopic examination of the lower large bowel)

This is a special test to enable us to look at the lining of the lower part of your large bowel / intestine (the sigmoid colon and rectum). Some common reasons for having this test are a change in the way you open your bowels, blood in your motions, tummy pain, weight loss and anaemia. The test lasts about 15 minutes and involves passing a long, thin, flexible tube with a small camera on the end of it, through your back passage and into your bowel.

While passing the tube, carbon dioxide will be passed into your bowel, which may feel slightly uncomfortable. This is normal and you may pass wind freely. During the procedure it may be necessary to remove small pieces of tissue (perform a biopsy) or it may be necessary to remove polyp/s (perform a polypectomy) from your bowel for further testing in the laboratory. A photograph of the inside of the bowel may also be taken. It will be kept in your medical records and sent to the doctors looking at your biopsy.

The test takes approximately 15-20 minutes to complete, and is generally undertaken without sedation.

Sedated Patients

On occasions it may be necessary to provide either Sedation, which is administered through a vein in your arm and / or Entonox (50% nitrous Gas and 50% Oxygen) which is inhaled via a mouth piece, to help with the anxiety that some patients associate with this test.

Please be aware however that whilst the sedation or Entonox will make you calmer, you will remain conscious throughout the test. You can begin with Entonox and change to Sedation if required, but Entonox cannot be given following Sedation.

The effects of Sedation can last up to 24 hours and often render the patient unable to remember the procedure. So if you do have sedation we insist that you are collected from the clinic by a friend or relative, and that you do not work for the rest of the day.

The effects of Entonox can last up to ½ hour. You will still be able to breathe normally and follow simple instructions during the investigation.

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. In all cases, sedated or not, we undertake careful monitoring by a fully trained endoscopy nurse to ensure that any potential problems are identified and treated rapidly.

Those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by the doctor doing the test, before having the procedure.

Sedation Risks

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Entonox Risks

Dizziness and nausea can occasionally occur, but this wears off with the cessation of use of the Entonox. In very rare cases Entonox can cause vomiting.

Possible Side Effects of the procedure

Many people who have the procedure will experience mild abdominal discomfort, such as cramp, soreness in the back passage, loose motions for a few days after the test or slight bleeding from the lower part of the bowel.

Complications – these are very rare;

- An abnormality might be missed, perhaps because the bowel was not clean or for technical reasons. This may occur in less than 5% of cases, but usually only with polyps smaller than 1 centimetre.
- Bleeding happens about once in every 16,000 procedures and once in every 1000 procedures when removal of a polyp is necessary. Occasionally it is severe and requires a blood transfusion and a few days in hospital.

- Perforation-a hole in the bowel wall that may require an operation to repair it. This happens once in every 1500 procedures.

If you have any questions please make a note of them here and we will answer them when you come in for your test.

Unless you have any reservations, please sign this consent form and bring it with you when you come for your appointment.

Statement of Patient (or person with parental responsibility for the patient)

I agree to the procedure as described.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that the procedure will not involve local anaesthesia.

Signature.....Date.....

Name
[PRINT].....

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signed
.....Date.....

Name [PRINT]
Relationship to patient

Confirmation of Consent [to be completed by a health professional when the patient is admitted for the procedure, if the patient / parent has signed the form in advance]

I have discussed with the patient the options for sedation and agreed with them that they

- Will receive Entonox for this procedure
- Will receive sedation for this procedure for this procedure

I have confirmed that the patient / parent has no further questions and wishes to go ahead.

SignedDate.....

Name [PRINT]

Job Title

Statement of Health Professional

[To be filled in by health professional with appropriate knowledge of the proposed procedure, as specified in consent policy, where the patient is unable to sign.]

I have explained the procedure to the patient / parent including benefits, and serious or frequently occurring risks.

I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

Signed.....Date.....

Name [PRINT].....

Job Title.....

Statement of Interpreter [where appropriate]

I have interpreted the information to the patient / parent to the best of my ability and in a way that I believe s/he/they can understand.

Signed.....Date.....

Name [PRINT].....

Top copy to be placed in patient records

2nd copy to be given to the patient/parent

Copy accepted by patient

YES / NO [please ring]

Community Endoscopy Service
Health Questionnaire

NAME.....

To help us minimise the risk of the procedure we would like you to answer the following questions:

1. How would you rate your general health? (Please circle) GOOD FAIR
POOR

2. Has there been a recent change in your health?

YES / NO

If yes – please describe

.....
.....

3. Are you pregnant?

YES / NO

4. Have you had any surgery on heart, lungs, stomach or bowels in the past?

YES / NO

5. Do you live on your own?

YES / NO

6. Please circle any of the following which you have or may have had in the past:

Heart attack or Heart failure YES / NO

Pacemaker YES / NO

Stroke YES / NO

Lung Problems (e.g. asthma, COPD, emphysema) YES / NO

High blood pressure YES / NO

Diabetes YES / NO

If YES controlled by (please circle) DIET / TABLETS / INJECTION / NONE

Bleeding problems

YES / NO

Seizures or epilepsy

YES / NO

Rheumatic Fever/Infections

YES / NO

Recent chemotherapy or radiotherapy

YES / NO

7. Have you ever been advised that you are at risk of CJD or vCJD

YES / NO

8. Are you allergic or sensitive to anything eg; other hospital tests, medicines or adhesive tape?

YES / NO

If 'Yes', please list and describe what happened

.....

.....

9. Please list any medicines you are taking (including all prescription drugs, even non-prescription Aspirin and 'The Pill')

Name of Medicine	Dosage (amount)	How many times per day?

Entonox (Adult)

Patient information Leaflet

In the endoscopy unit we are offering patients the use of entonox as a form of pain relief. This will be offered to suitable patients (assessed on admission) undergoing flexible sigmoidoscopy or colonoscopy.

What Is Entonox?

Entonox is the trade name for the mixture of 50% Oxygen and 50% Nitrous Oxide, also known as 'gas and air'. It is a fairly strong pain killer, and works very quickly to control pain. One of the advantages of this method of analgesia is that it is fully removed by the lungs within a few minutes after the patient has stopped breathing it.

How Does Entonox Work?

The exact way Entonox works is still not fully understood. However, it is believed that once it has been inhaled, Entonox travels to the brain and the spinal cord where it stops the pain from being felt.

How Is Entonox Given?

Entonox is designed to be self administered, and a specially trained nurse will show you what to do. You will be given a mouth piece, which is placed into your mouth. It is important that you hold the mouthpiece firmly between your teeth/lips. You will be asked to breathe deeply, for 1 to 2 minutes before the procedure begins to ensure that the pain killer is in your body. Entonox will only flow when you breathe in, therefore the deeper you breathe, the better your pain relief will be.

What Are The Benefits Of Using Entonox?

Entonox begins to work within 2 minutes, although you may feel some effect after your first few breaths. Once you have stopped breathing the gas it usually wears off within approximately 2-5 minutes. You can drive after 30 mins. Entonox has few side effects and many patients throughout the UK have used Entonox without a single serious incident (BOC 2000).

What Are The Side Effects of Using Entonox?

Entonox can cause dizziness and nausea; however this usually improves, once you stop breathing the gas.

Patients Not Suitable to Use Entonox?

Patients with severe lung disease
Scuba Divers – within 48 hours of scuba diving

Do not allow anyone to hold the mouth piece for you.

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad.