



FLEXIBLE SIGMOIDOSCOPY WITHOUT ANESTHESIA

PLEASE READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY

Your doctor has suggested that you have a sigmoidoscopy. The procedure is extremely safe. At Optum Medical one of our board-certified Gastroenterologists will perform the entire procedure.

This packet has been prepared to help you better understand your procedure. You will be asked to sign consent upon arriving to the endoscopy suite.

A nurse will be assisting the physician. The procedure is performed in one of our Endoscopy Suites.

Preparation The evening before the procedure, drink a ten (10) ounce bottle of **Citrate of Magnesia**. (This will give you diarrhea). Within four hours of the procedure, only liquids may be taken by mouth, no solid foods. All medicines may be taken. Make sure that you inform the doctor if you are taking any blood thinners. Take a **Fleet Enema (not the oil enema)** two hours before the procedure and **another enema** one hour before the procedure. Retain the enema for at least 5 to 15 minutes before evacuation. Instructions for enema insertion are on the package.

Examination You will be asked to undress from the waist down and to put on a gown. Your blood pressure will be monitored. The doctor will ask you to lie on your left side. Then he or she will perform a rectal exam with one finger. The doctor will then insert the instrument gently into the anus and will use air to inflate the colon so that he or she can see and maneuver the sigmoidoscope with ease. The procedure takes an average of only 10 minutes. Careful examination is performed on the way in and on the way out.

The procedure is uncomfortable. Cramping will be felt. You will be able to communicate with the doctor at all times during the procedure. No anesthesia is given unless discussed at least two days beforehand. **If anesthesia is needed, there will be different preparation instructions. Please discuss this with your doctor.**

People with mitral valve prolapse do **not** need antibiotics prior to this procedure.

The complication rate of this procedure is less than one in twenty thousand. Possible complications include bleeding or perforation of the intestines that may require surgery to correct. More remote risks and consequences may arise. The most common problem with sigmoidoscopy is missing a polyp or tumor in the area examined because your colon was not clean. If your colon is not properly cleaned, you may have to be given another enema. If despite a third enema, your colon is still not perfectly clean, you will have the option of repeating the procedure with a more extensive preparation. Alternatives are having a complete colonoscopy, a barium enema, a virtual colonoscopy or, of course, doing nothing.

What is examined? During a sigmoidoscopy, the last two feet of the colon (large intestine) is examined. This includes the rectum and sigmoid colon. Since the colon is usually about six feet long, at most only one-third of the colon is examined. Further investigation or interventions may be

provided at the discretion of the physician.

What does the doctor look for? The doctor primarily searches for polyps (usually benign small growths), and tumors. 60% of all polyps and tumors of the colon occur within the visibility of the flexible sigmoidoscope. The doctor may also see diverticula (small out-pouchings in the wall of the colon) or colitis (inflammation of the colon). The gastroenterologist will discuss the findings with you immediately at the conclusion of the procedure.

What about biopsies? Biopsies through the instrument will be performed at the discretion of the doctor. Each biopsy involves taking a tiny snip of tissue. You will have no sensation of the biopsy being done. Biopsies are done mainly to decide what kind of polyp the doctor sees, or to evaluate colitis. The doctor will not remove any polyp completely during the procedure. If biopsies are performed, you may see several drops of blood in your next one to two bowel movements. This should be of no concern. If biopsies are done it takes about five business days for biopsy results. Please call the office at that time to get your biopsy results

Who needs a flexible sigmoidoscopy? For colon cancer screening, the gastroenterologists at Optum Medical believe that a full colonoscopy is better. We usually use a sigmoidoscopy to evaluate rectal symptoms such as bright red rectal bleeding and colitis symptoms.

Small benign polyps can be precursors to colon cancer. If the Gastroenterologist finds polyps during the sigmoidoscopy, the doctor will recommend a colonoscopy to remove them. The removal of polyps prevents colon cancer.

This is a diagram of the gastrointestinal system. The colon (large intestine) is darkened. During colonoscopy, the colonoscope is inserted into the rectum and the entire colon, up to and including the cecum is examined. The average adult colon is five to six feet long.

