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## Having a flexible sigmoidoscopy

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### Endoscopy Suite

### Patient Information





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## Introduction

Your doctor has recommended that you have a flexible sigmoidoscopy to investigate your medical condition. A flexible sigmoidoscopy may be used to help make a diagnosis or to see if treatment is working. It is one of the simplest and safest methods that is used to examine the lower part of the colon, and it is often the first procedure the doctor recommends.

If you prefer not to have this procedure, we advise you to discuss this with your doctor. There are other ways of examining your colon, such as a CT scan, but these may not provide the same information.

This leaflet describes the examination and what to expect. If you have any questions or concerns, after reading this leaflet, please call us on our direct line:

Chelsea: 020 7811 8327 or 020 7811 8320

Sutton: 0203 186 5565 or 0203 186 5440.

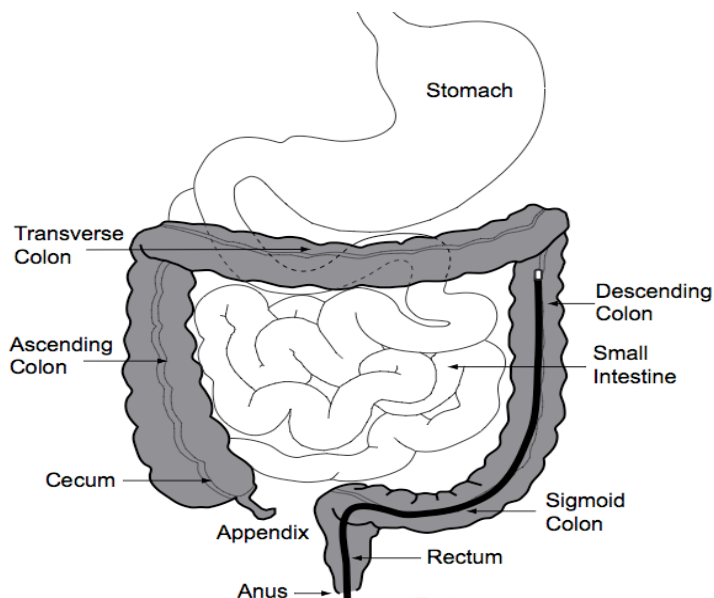
When you come into the Endoscopy Suite, please talk to us about any worries and ask any questions you may have.

Your procedure time in Endoscopy can vary as some procedures may take longer than expected and emergency procedures will take priority.

## What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a procedure which allows the doctor to look directly at the lining of the large bowel (colon). A long flexible tube, about the thickness of your index finger, with a bright light at its tip (endoscope) is carefully passed through the anus to the descending colon – see diagram on page 2.

A digital video camera on the endoscope transmits pictures of the inside of the colon to a monitor, so that the doctor can look for any abnormalities. The doctor may take a biopsy (sample) of the lining of the colon which is a painless procedure. Afterwards, the sample can be looked at under a microscope.



It is also possible to remove polyps (adenomas) during the sigmoidoscopy procedure. Polyps are abnormal sections of tissue, which can sometimes bleed or become cancerous. If polyps are removed, they will be sent for further tests.

### What preparation will I need for my flexible sigmoidoscopy?

Before the procedure, you can eat and drink as usual (unless told otherwise by the telephone pre-assessment nurse). **If you are on anti-coagulants (such as warfarin or clopidogrel) you will be given instructions by the telephone pre-assessment nurse.**

You should continue to take your regular medicines as usual, including on the day of the procedure, unless you have been told otherwise.

Your lower bowel must be completely empty of waste material (faeces) for the doctor to have a clear view. If it is not, the procedure may have to be repeated.

On the day of your procedure you will need to have an enema, which is a liquid medicine that is given through your back passage to clean out the end of your bowel. You may be asked to give yourself an enema at home before coming to the hospital and/or one of the nurses in the Endoscopy suite will give you an enema shortly before your procedure.

## **What should I bring on the day?**

If you use reading glasses, please bring them with you so that you can read the consent form and any other paperwork. You are welcome to bring a book or other reading material. Please do not bring any valuables with you.

## **When you arrive**

When you arrive at The Royal Marsden, please make your way to Endoscopy Reception Chelsea – Ground floor, Granard House Wing. If you need wheelchair access, please enter the hospital by the Wallace Wing entrance on Dovehouse Street. Sutton – Lower ground floor, Oak Cancer Centre. On arrival, a nurse will take you to the admission area. As we have limited space in the department, only one escort or relative will be able to come into the admission area.

Your escort/relative can wait in the reception area or have refreshments from the Chelsea – ‘Grab and Go café located by the Wallace Wing entrance. Sutton – ‘Barista & Baker’ Grab & Go outlet situated on the ground floor in the new Oak Cancer Centre.

During your admission to the endoscopy unit, a nurse will ask you several questions about your health and what medication you are taking. The nurse will also take your observations: blood pressure and pulse and will ask you to change into a gown.

If you have not had an enema at home, a nurse will give you the enema on admission. Occasionally, you may need a second enema to get a good result. The enema can take up to 20 minutes to work and may cause some cramp-like discomfort.

The doctor will see you before the procedure. This is an opportunity for you to ask questions and to talk about your procedure before you sign the consent form. It is important that you understand what is going to happen.

## **Your flexible sigmoidoscopy procedure**

Your flexible sigmoidoscopy will be carried out in the endoscopy procedure room. We will make you comfortable on a trolley, lying on your left side. A nurse will stay with you throughout the procedure. The nurse will explain what is happening, monitor your observations, your level of comfort and will also assist the doctor. During the procedure, you may be given oxygen through nasal prongs that fit just inside your nostrils. The procedure may be unpleasant and can be uncomfortable.

As the sigmoidoscope is only inserted into the lower part of the colon (bowel), sedatives or anaesthetics are not usually needed. Most patients choose to have the procedure carried out without sedation or painkillers, while some will use 'gas and air' (Entonox). This will make you feel more comfortable and relaxed. Alternatively, if you prefer, you can have a sedative which is given through a small needle placed in a vein on the back of your hand. This is not a general anaesthetic but will make you relaxed. Some patients sleep but you can watch the procedure on the monitor/screen if you wish. You may also receive some pain relief during the procedure.

The doctor will carefully pass the endoscope through your anus into your rectum, and further into your lower colon. You may experience some abdominal cramping and pressure from the air which is introduced into your colon at the same time, to help the doctor get a clearer view of your bowel. This feeling is normal, and should pass quickly. You may feel like you want to go to the toilet, but as the bowel is empty, this will not happen.

You may also need to pass wind and although this may be embarrassing for you, our staff understand what is causing this to happen. We will try to keep you as comfortable as possible.

The doctor may take tissue samples (biopsies), photographs or a video of your bowel, even if it all looks normal. The procedure can take up to twenty minutes. At the end of the procedure, the air that was introduced, will be sucked out and the endoscope will be removed.

## **What are the benefits and risks?**

The procedure will help us to investigate your symptoms and it may allow us to give you treatment if necessary. Flexible sigmoidoscopy is generally safe, but all procedures have some risks. You should discuss these risks with your doctor. These are the more common risks:

- Wind and discomfort.
- There is a small risk of tearing the bowel (perforation) during the flexible sigmoidoscopy. The risk of this is about one in 10,000 procedures. If you should develop a perforation, you will need to have an operation to repair it. The doctor will arrange for you to have the surgery, usually on the same day.
- If a polyp is seen and removed, this increases the risk of perforation to about one in 500 procedures, though the risk is greater with certain types of polyp.
- Bleeding can happen and is usually controlled during the procedure. The need for surgery is uncommon.
- Bleeding after removal of a polyp is rare, though it can happen at any time up to two weeks after the procedure.

## **What happens afterwards?**

- If you have had intravenous sedation (IV drip) you will need to rest in the recovery area until you are fully awake (usually one hour). Your blood pressure and pulse will be monitored. An adult must be available to escort you home as the sedation impairs your reflexes and judgement.
- If you have used Entonox, you should be able to leave after 30 minutes as its sedative effects wear off quickly.

- If you have not had sedation, you can leave as soon as you feel ready, after your paperwork is completed.
- You may eat and drink as normal. The nurse will give you a drink and a sandwich following the procedure.

## When will I know the results?

In many cases, your doctor will be able to tell you the results of the test as soon as you are awake. If you have had sedation, it is a good idea to ask for your escort or relative to be present when the doctor speaks to you because the sedation can make you forget what has been discussed.

We will give you a copy of your sigmoidoscopy report before you leave the endoscopy suite and another copy will be sent to your GP or specialist who referred you. However, if a biopsy was taken for examination under the microscope, these results may take five days to process. A copy of the biopsy results will be sent to your GP or specialist who referred you.

In some cases, the doctor will ask you to return for another endoscopy procedure a few weeks later. An appointment for the next sigmoidoscopy will be made and given to you before you leave the endoscopy suite.

You may need to be monitored (surveillance) either in one, three or five years' time. If so, we will contact you approximately eight weeks before you are due to have your sigmoidoscopy procedure to offer you an appointment.

All appointments for surveillance procedures are made after being reviewed, following national guidelines. The national guidelines are reviewed regularly and recommendations for surveillance can change; we will inform you of any changes to your appointment approximately eight weeks your appointment.

## Going home after your flexible sigmoidoscopy

If you have had sedation, it is essential for an escort to accompany you home. **Please note:** your procedure will be cancelled if you do not have an escort as we cannot arrange for an escort to take you

home and stay with you for 24 hours.

Sedation causes drowsiness, and even if you feel that you are wide awake, your reactions could still be affected. You may find it difficult to concentrate on what you are doing and you may forget things that you have been told.

For at least 24 hours after your procedure, we advise you not to:

- drive or ride a bicycle
- operate machinery
- look after young children alone
- take sedatives
- drink alcohol
- sign legal papers.

We will give you some written information to remind you of this before you leave the endoscopy suite informing you of this.

## **Follow-up appointments**

You will have a follow-up appointment with the GP or specialist (who referred you for the procedure). At this appointment, please ask for the details of any biopsy results or further investigations.

## **Your medication after the procedure**

We will talk to you before you go home about your medication. It may change, or stay the same, but we will discuss it with you after the procedure.

## **How you may feel after your flexible sigmoidoscopy**

You may feel bloated if some air remains in your bowel. This should pass naturally. To help relieve this, walk around. Warm drinks and peppermint water may also help you to pass wind. If you are feeling pain, you may find it helpful to take a painkiller, such as paracetamol.

## Complications

You should seek medical help immediately if you develop any of the following symptoms:

- Severe abdominal pain
- Worsening abdominal swelling
- Profuse bleeding from your bottom or black tarry motions
- Fever (above 38°C) and/or chills.

## Contact details in an emergency

Telephone your GP surgery or out of hours service (your GP 24 hours number), or else phone or go to your nearest A&E (Accident and Emergency) and then inform the Endoscopy Department at The Royal Marsden.

The Endoscopy Unit

Chelsea: **020 7811 8327 or 020 7811 8320**

Sutton: **0203 186 5565 or 0203 186 5440**

(Monday to Friday, 8am – 5pm)

Outside of working hours, you can call the main switchboard number on

Chelsea: **020 7352 8171**

Sutton: **020 8642 6011**

and ask to speak to the Clinical Site Practitioner.

## Contact details (routine)

For routine advice, please contact the Endoscopy Unit between 8am and 5pm (Monday to Friday):

Chelsea: **020 7811 8327 or 020 7811 8320**

Sutton: **0203 186 5565 or 0203 186 5440**

If we are unable to take your call, please leave a message.

Answerphone messages will be collected twice daily, Monday to Friday and a member of the Endoscopy Unit will return your call.

### **The Royal Marsden Hotline: 020 8915 6899**

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

If you would like this information leaflet in a different format, please contact the PALS office on **0800 783 7176** or talk to the clinical staff responsible for your care.

## Notes and questions

## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The patient information service is generously supported by The Royal Marsden Cancer Charity.

[royalmarsden.org](http://royalmarsden.org)

Registered Charity No.1095197



Revised December 2025. Planned review December 2028  
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