If your doctor sees anything abnormal during the examination, he/she may take small samples of tissue (biopsies).

**DOES IT HURT?**

To get a complete picture air is passed into the sigmoid colon. This air can cause some discomfort during or after the procedure. Patients speak of experiencing ‘cramping’ type pain. Every effort is made to minimise this.

The removal of biopsies does not cause pain.

Sedation, if required, is given immediately prior to the procedure through a needle in your arm. The sedation works very quickly and helps to make you sleepy and relaxed.

**YOU MUST CONTACT THE NURSE** at least 1 week in advance of your procedure if any of the following applies to you:

- You are diabetic.
- You take medication to thin your blood (aspirin, warfarin or plavix).
- You had this procedure previously and it could not be completed for some reason.
- You have any chronic medical condition that may affect your ability to fast or to have sedation for this procedure.

**WHEN WILL I KNOW THE RESULTS?**

Tissue removed is tested in the laboratory to assist the doctor in diagnosis. The results of the biopsies may not be available for several weeks.

A follow up appointment will be arranged for you prior to your discharge.
WHAT IS A SIGMOIDOSCOPY?

A sigmoidoscopy allows the doctor to look directly at the lining of the sigmoid colon (last part of the bowel). This may be done using either a flexible or rigid scope. A scope is a lighted tube about the thickness of a finger. The doctor guides the scope through the back passage (anus) and into the sigmoid colon. Images can be seen on a TV monitor. The procedure takes about 10 minutes.

WHAT HAPPENS ON THE DAY OF SIGMOIDOSCOPY?

After a bed has been allocated to you in the Endoscopy Unit you may be given a liquid enema. An enema is a small amount of liquid medication inserted into the back passage. This will clear the lower part of the colon so that the colon can be seen clearly. The enema will not cause you to lose control of your bowels.

When it is time for your test the doctor will talk with you about the procedure and the risks.

He/she will ask you to sign a consent form. The consent is a confirmation that you understand the procedure and risks.

You will be asked to lie on your left side on a trolley bed with your knees drawn up towards your chest. This position will make it easier for the doctor to pass the sigmoidoscope. The doctor can view pictures of the sigmoid colon on a TV monitor.

IF YOU DO HAVE SEDATION YOU MUST HAVE SOMEONE TO DRIVE YOU HOME FROM THE HOSPITAL. YOU WILL ALSO NEED SOMEONE TO STAY WITH YOU OVERNIGHT.

Sigmoidoscopy does not usually require sedation. You may wish to discuss this with your doctor or the nurse.

HOW DO I PREPARE FOR A SIGMOIDOSCOPY?

You do not need to fast for sigmoidoscopy if you do not require sedation. If you require sedation you must fast from food and fluids from midnight on the day before your procedure.

WHAT ARE THE RISKS?

All medical procedures carry a risk of complications.

There is a slight risk of bleeding (although bleeding from biopsy sites is usually minimal and stops quickly) and perforation (tear) of the bowel. Serious complications would require a hospital admission and perhaps surgery.

Sedation can effect breathing, heart rate and blood pressure but close monitoring allows problems to be identified and treated rapidly. Drugs are available to reverse the effects of the sedative quickly.

Serious complications are very rare.

We make you aware of them so that you have all the information you need when deciding if you wish to have a sigmoidoscopy done or not.

WHY DO I NEED A SIGMOIDOSCOPY?

Sigmoidoscopy is a way of looking directly for causes of bowel problems including bleeding from, or pain in the back passage, constipation or diarrhoea.