



## FLEXIBLE SIGMOIDOSCOPY INSTRUCTIONS

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Please take time to read this information. It will help you understand and prepare for your flexible sigmoidoscopy.

**Please remember there is a waiting list for these procedures.**

**\*\*\*\*If you have any questions about the procedure (diet, medications), please call your endoscopist's office.**

**OVERVIEW:** A flexible sigmoidoscopy is a procedure used to examine the inside of the rectum and most of the sigmoid colon (lower part of the large intestine) using a thin flexible tube with a tiny video camera at the tip. It allows biopsies, removal of polyps, or treatment of internal hemorrhoids. The procedure lasts about 10-15 minutes and often a patient is not sedated. If you are sedated, you will spend another 30 minutes to an hour recovering from the sedation given for the procedure.

**PROCEDURE:** When you arrive at the scoping department, you will meet a nurse who will briefly review your medical history. You will change into a hospital gown and have your vital signs measured. You will be taken on a stretcher to the procedure room and you will be met by your doctor and the nurses. You will be positioned on your left side. If you choose to have sedation, an intravenous (IV) line is started by the nurse prior to the procedure and is used to provide your sedating drugs (midazolam and fentanyl). If you are sedated, you will be given oxygen, and your blood pressure, heart rate and breathing will be monitored throughout the entire procedure. Please express any of your concerns to the nurse or doctor before the procedure. Also, there may be medical students, nursing students, or resident physicians present and/or participating in your procedure.

**RISKS:** Complications are rare. Minor complications, which include medication reactions or difficulty breathing due to the sedatives, temporary bleeding from hemorrhoid treatments or polyp removal, or abdominal pain occur in about 1:100 (1%). Major complications, such as perforation or a hole being made in the intestine, are extremely rare and occur in less than 1:10,000 (0.001%), and bowel surgery and/or hospitalization may be required to manage it.

### **INSTRUCTIONS**

**PREPARATION:** You must have an empty stomach (so nothing to eat or drink) for 2 hours prior to the procedure.

**LAXATIVES:** You need to buy a **FLEET REGULAR ENEMA (Sodium phosphate)** at a pharmacy of your choice. This may be held behind the counter. Ask the pharmacist for help if you cannot find it.

**NOTE:** If you have known kidney disease or are on dialysis, you should buy a Fleet Mineral Oil Enema to avoid the slight risk of electrolyte problems that can occur with sodium phosphate enemas.

Administer the enema to yourself 60-90 minutes prior to leaving your home. Follow the instructions on the package to ensure maximum effectiveness. If you anticipate having trouble giving yourself the enema, please

contact your doctor's office or the office of the endoscopist performing the scope to discuss the options to help you with this.

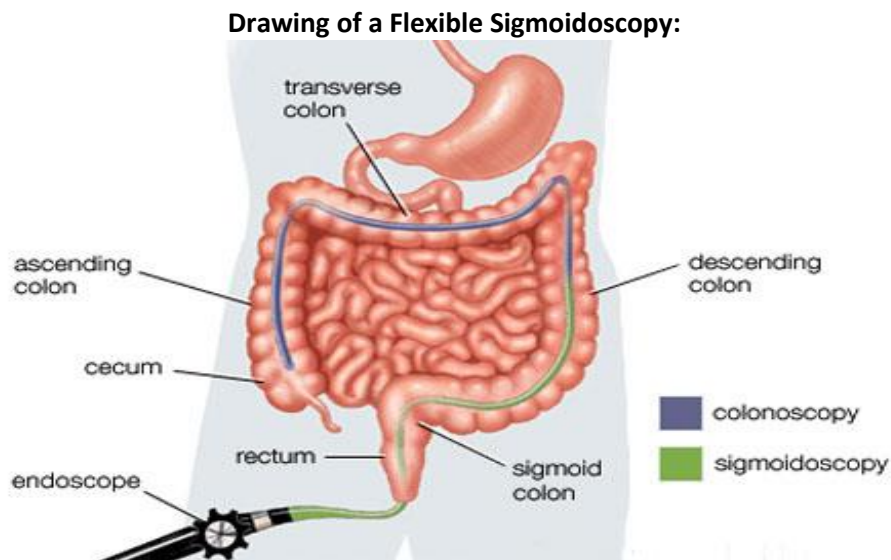
**MEDICATIONS:** Do not interrupt any of your medications during your preparation for this test. You can take all of your medication with sips of clear fluids. If you are on blood thinning medications/anticoagulants (such as aspirin, plavix, warfarin, dabigatran, rivaroxaban etc.), please continue them unless instructed otherwise. If your test requires blood thinners to be stopped, the endoscopist performing this procedure will specify this for you.

**If you are diabetic** on insulin or oral diabetic medications, please hold diabetic medications while fasting.

**OTHER PREP INSTRUCTIONS:** Please bring a list of your medications with you to the hospital. Please do not wear nail polish on your fingernails or any jewelry to your test. Please do not bring valuables.

**AFTER THE TEST:** Your doctor will provide you with a note regarding the test outcome, as well as some post procedure information. Any biopsies or polyps that are removed will be reviewed by the pathologist. Results are available within a month. If there are any concerning or important findings, you will be called directly by your doctor or their nurse, or you may be asked to come to clinic to discuss the results. A letter will also be sent to your referring physician to inform them of the results and outline further treatment plans if necessary.

**GOING HOME: If you have sedation with your procedure:** After the procedure, a person spends about 30 minutes to one hour waking up in the recovery room until the medications wear off. After recovery, you will be discharged from hospital. It is advised that you do not drive for the next 24 hours, and should be discharged to the care of a responsible adult, who will escort you home. You must make arrangements to be accompanied overnight the day of the procedure, if deemed necessary by the physician. **If you have no sedation with your procedure:** You can go home or back to work immediately post procedure. You do not need any supervision and are able to drive yourself.



**If you have any questions regarding the procedure or issues related to your medications or preparation instructions, please call your doctor's office or the office of the endoscopist performing the scope.**

For additional information: <http://www.wrha.mb.ca/prog/Endoscopy/Procedure-Information.php>