Flexible Sigmoidoscopy

Aussi disponible en français : 
Sigmoidoscopie à sonde souple (FF85-1505)

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Flexible Sigmoidoscopy

What is a flexible sigmoidoscopy?
This is a test of part of the lower bowel (also known as the lower large intestine or the sigmoid). The doctor uses a special tube (endoscope) with a small light and camera on the end that bends to look at the inside of your lower bowel and rectum.

![Diagram of Endoscope, Colon, and Rectum]
How do I get ready for my flexible sigmoidoscopy?

Before your test, it is VERY important that you:

• Plan to take a day off work on the day of your test. Most people can go back to work the day after their test.

• Follow any instructions your doctor gave you for how to clean out your bowel (usually an enema). Be sure to follow the instructions correctly as your bowel MUST be empty.

• Take all heart, blood pressure, or breathing medicine on the day of the test.

• Call your specialist before the test if you need any antibiotics for tests or dental work.

Sedation is rarely used for this test. But, if you are getting sedation, a responsible adult must be here in the hospital and stay during your test. They must also take you home and stay with you overnight after your test. If this is not possible, call your specialist, as we may have to cancel your test.
• Talk with the doctor if you are taking blood thinners, such as ASA (Aspirin®), Aspirin®-containing products or warfarin.

• Tell the doctor about any drug allergies you have.

• Bring a list of all your medicines to the test.

• Do not wear any jewelry or bring valuables to the hospital with you.

• Do not use any perfumed or scented products such as hairspray or scented deodorant before your visit.

If you need to cancel your test, please call your specialist at least 3 days (72 hours) before your test is scheduled. This will give us time to book another patient.

Where do I go on the day of my test?

The name of your specialist, date, time, and place of your test will be shared with you before the test. Parking is limited so be sure to allow plenty of time to park before your appointment.

You must register at the kiosk on the main floor in either the Dickson Building or Centennial Building (main entrance).
How is the test done?

• You do not usually need sedation for this test. If sedation is needed, an intravenous (IV) will be started in your arm. If needed, we can give you medicine through the IV to help with any pain and help you relax.

• The specialist will put the scope into your rectum (bum).

• Your bowel will be inflated with air to help the doctor get a better look at the lining of your bowel. You may have some mild cramping or pain. The air may feel like gas pain or like you want to move your bowels (like you need to have a poop).

• The test takes about 5 minutes.

What happens after my test is over?

• You may feel the urge to have a bowel movement or pass gas. This is because of the air that was put into your bowel during the test. Please try to pass the gas. This feeling shouldn’t last long.

• If you had sedation, a responsible adult will be able to take you home 30-45 minutes after the test. If you did not have sedation, you will be able to leave right away.
Call your doctor or go to the nearest Emergency Department if you have any of the following symptoms:

› a lot of bleeding
› stomach pain
› bloating

What do I need to know if I’ve had sedation?

• A responsible adult must take you home and care for you.

• They must come with you to the GI Unit on the 9th floor, Victoria Building, VG site. They must stay at the hospital the whole time you are there.

• Do not walk or take the bus home. You may take a taxi only if you go with a responsible adult who can help you if needed.

For 24 hours after sedation

• Do not drive a car or run any heavy machinery.

• Do not drink alcohol.

• Do not care for others including children.

• Do not sign any legal or important papers or make any financial decisions.
Are there any risks with this test?

A flexible sigmoidoscopy is a minor procedure with very little risk when done by a trained professional. As with any test, there are some things you should know:

• There is a 1 in 10,000 chance of having a tear (perforation) through the bowel wall. Surgery may be needed to fix the tear.

• There is a 1 in 10,000 chance of bleeding if a tissue sample was taken. The bleeding may stop on its own but may also need more treatment.

• There is a 1 in 1.8 million chance of getting an infection from the equipment used for this test, but this has never been reported in Canada.

• Some patients may develop a problem linked to the sedatives or if they had existing heart or lung disease before the test. Please tell your specialist if you’ve had any trouble with these issues in the past.

• Some patients may be sore where the IV was inserted. Do not worry if a lump forms at the IV site as this should go away on its own over a few weeks.

• Sometimes the test cannot be finished if the bowel was not cleaned out the right way before the test.
What are your questions? Please ask your doctor and/or nurse, or call your specialist.
We are here to help you.

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The information in this pamphlet is to be updated every 3 years or as needed.