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## Procedure Information

### Sigmoidoscopy

#### Introduction

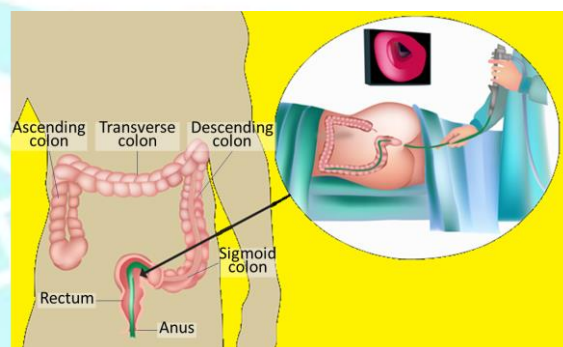
Sigmoidoscopy is a procedure that allows doctors to view the inside of the lower part of the colon. This is accomplished by passing a flexible video-endoscope through the anus into the rectum, then advancing slowly to the sigmoid colon.

Through this procedure, a doctor can have direct vision of the sigmoid colon as well as examine any pathological change inside the sigmoid colon, such as tumor or ulceration. Doctor can use instruments to take a biopsy(s) for pathological examination and to deliver therapies when necessary.

Please discuss with your doctor the better option plan(s) and treatment.

#### Why is Sigmoidoscopy performed?

1. Blood in stool
2. Chronic diarrhea
3. Constipation
4. Change in bowel habits
5. Polyps
6. Tumors



Source:  
<https://www.augustaendoscopy.com/gac-service/flexible-sigmoidoscopy/>

#### Outcomes

The expected outcome of this procedure is to obtain diagnostic information. Doctor may take a biopsy(s) for pathological examination, perform polypectomy and therapeutic haemostasis when necessary.

#### Procedures

1. You will be asked to lie on your left side with both knees bending towards your chest.
2. Doctor may prescribe sedation or anaesthetic medication according to your condition.
3. Doctor will pass the sigmoidoscope through the anus into the sigmoid colon.
4. Air will be introduced through the scope, to expand the bowel, allowing the scope to move forward and a better view. It is normal to feel mild abdominal distension and urging of the bowel during the procedure.
5. Depending on the situation, the doctor may take a biopsy(s), remove polyps, perform haemostasis and other therapies.
6. The procedure usually takes about 15 minutes.

## **Possible Risks and Complications**

### **Before procedure**

- Laxative for bowel preparation may cause nausea, vomiting, abdominal pain or distension, etc.

### **During procedure**

- Injection of sedation may cause hypotension and respiratory difficulties. For severe cases, anaphylaxis and anaphylactic shock may develop. The probability of developing such symptoms is higher for the elderly.
- Perforation (2:1000): The probability of developing major complications is higher for those clients who need therapeutic procedures (e.g. endoscopic haemostasis, polypectomy, and dilatation).
- Perforation of the bowel leading to peritonitis: Laparotomy under general anaesthesia may be required for repair or resection of the bowel. The death rate is 5 in 100.

### **After procedure**

- May experience abdominal pain or distension, etc. It will improve about one hour after the procedure.
- Bleeding may occur at the site of biopsy or polypectomy. It is usually minor and stops on its own.

## **Pre-procedure Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. Please inform the doctor if you are or might be pregnant.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa, iron supplements and Chinese medicine.
4. The presence of stool inside the bowel will affect the view of the bowel wall. Therefore, the bowel must be cleaned thoroughly before the procedure. Bowel preparation can be carried out at home or in the hospital. Please take the laxative as prescribed by your doctor.
5. No food or drink six hours before the procedure.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the procedure.

## **Post-procedure Instructions**

1. After sigmoidoscopy, you should stay in bed until the sedative effect of the drug has completely worn off. It usually takes 3 – 4 hours.
  - For Out-patient  
For your safety, please arrange a responsible adult to stay with you when you leave the hospital. If there is no companion, a recovery bed has to be arranged for you after the procedure (additional charge for observation will be levied).  
Be reminded not to drive, operate machinery or sign legal documents for the rest of the day.
2. As the doctor will pump air into the colon to enhance the visualization, it is normal to pass gases after the sigmoidoscopy.
3. If severe abdominal pain or bleeding occurs, medical personnel must be consulted immediately.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

