

12.2.2 Sigmoidoscopy

What is a sigmoidoscopy?

A sigmoidoscopy is a test to look inside the lower parts of the large bowel. The examination is done through the anus using a short flexible telescope, called an endoscope, which is slightly thicker than a pencil. The endoscope lets the doctor see the inside of the bowel and any problems. Air(CO₂) is blown into the bowel to make it expand so the doctor can see the lining better.

What is the large bowel?

The large bowel is part of the gastrointestinal tract, which extends from mouth to anus. The gastrointestinal tract digests your food and gets rid of the waste. The large bowel is involved with the disposal of waste products from the body. It's also called the intestine or gut.

The large bowel is about 140cm (5 feet) long. It starts in the right side of your abdomen, where it is called the caecum. It runs in a large loop round the abdomen and down into the pelvis as the colon. The lowest part of the large bowel is called the rectum, which opens at the anus. Above the rectum, the bowel is S shaped and is called the sigmoid colon (sigma is the Greek name for the letter S). During a sigmoidoscopy, only the last one to two feet of the bowel is examined.

What has gone wrong?

There are many conditions that can happen in the lower large bowel, including:

- Irritable bowel syndrome - One of the most common causes of large bowel symptoms is irritable bowel syndrome (IBS). Here, the bowel muscle loses its smooth, peristaltic action and goes into cramps. This can cause pain, swelling of the abdomen, diarrhoea and a discharge of mucus.
- Haemorrhoids, also called piles, are common. They are enlarged and engorged blood vessels in or around the anus. They may cause pain, bleeding and itching.
- Inflammatory bowel disease (IBD) - This is an inflammation of the lining of the bowel, also called colitis.
- Polyps - These are lumps on the inside of the bowel and can cause bleeding. Polyps are best removed because, even though they are not cancer, they can become cancerous over time.
- Cancer - There may be a tumor or cancer. Most people who have a sigmoidoscopy do not have cancer.

With piles being so common, there is a chance of another cause for your bowel symptoms. You need to have the lowest part of your large bowel examined to rule out these other conditions.

The aims

The aim of the examination is to find out what is happening in the lower bowel to cause the symptoms you have. This means that the correct treatment can be given for your condition.

The benefits

The sigmoidoscopy gives a direct view of the lining of the large bowel, compared with just shadows as seen on a barium enema x-ray. It is a quick and safe examining of the lower part of the large bowel.

During the sigmoidoscopy we can take small samples of the bowel lining, called biopsies, for examination under the microscope. We can also remove polyps, if any are found. A narrowing of the lower bowel, called a stricture, can be stretched.

Are there any alternatives?

You will probably have a series of tests to find out what is causing your symptoms.

If the sigmoidoscopy is normal, but you still have bowel symptoms, we may need to check the bowel further up, using more complex tests such as a colonoscopy. The endoscope used here is longer and is able to examine the whole of the large bowel, around to the caecum and appendix. The bowel usually has to be cleaned out before a flexible sigmoidoscopy. There are tests of your stools that can be done to check for bleeding, such as the faecal occult blood test.

What preparation do I need to do?

First of all you will need to take your prescription for Fleet-ready-to-use to your pharmacy at least 3 days in advance. Please read carefully the following instruction concerning food and use of laxative:

Food the day before the examination.

Take a light breakfast (tea with toasted bread). Drink only CLEAR liquids for lunch and dinner. Solids foods, milk or milk products are not permitted. Clear liquids include: Chicken broth or beef broth. Strained fruit juices without pulp (apple, white grape, lemonade), Water, Coffee or tea without creamer or milk, Carbonated Soda. All of the following that are not colored red or purple: Kool-aid, Gatorade, Plain Jell-O without fruit or toppings, Popsicles

Laxative

The colon needs to be empty so that the operator can get a clear view. For this purpose we use Fleet enema (for rectal use only). Use 2 bottles. The first Fleet the day before at 7:00 pm, the second 2 hours before the endoscopy.

Method of administration

Lie on left side with both knees bent, arms at rest. Remove orange protective shield.

With steady pressure, gently insert enema comfortip into anus with nozzle pointing towards navel. Squeeze bottle until nearly all liquid is expelled. Generally, 2 to 5 minutes are sufficient to obtain the desired effect. During the course of this treatment, you are recommended to drink a further one litre of clear liquid to prevent you feeling very thirsty and becoming dehydrated. Water, clear soup, fruit juice (without pulp), soft drinks, tea or coffee (without milk) are all suitable. These drinks can be taken at any time you choose.

Are there any side-effects or complications from having a sigmoidoscopy?

Most sigmoidoscopies are done without any problem. You may pass a small amount of blood from your anus if a biopsy was taken, or a polyp was removed.

Occasionally, the endoscope may cause damage to the colon. This may cause bleeding, infection, and rarely, perforation. If any of the following occur within 48 hours after a sigmoidoscopy:

- Abdominal pain. (In particular if it becomes gradually worse, and is different or more intense to any 'usual' pains that you may have.)
- Fever (raised temperature).
- Passing a lot of blood from your anus.

Consult your endoscopist

Phone office: 39 64 01 25.

Doctors phone (not for reservation) 54 78 74 36.

Mail reception@kirurgen.dk.

Or go to the Accident & Emergency Department of your local hospital.