

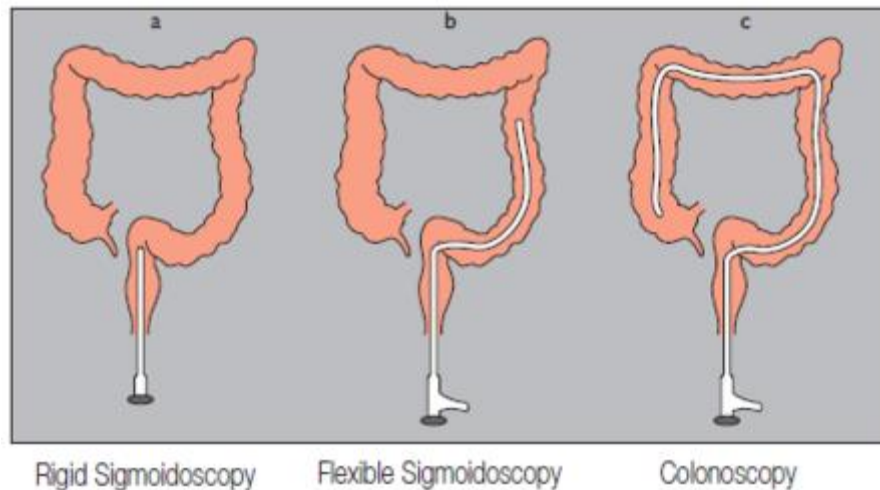
## Flexible Sigmoidoscopy

### What is a Flexible Sigmoidoscopy?

A flexible sigmoidoscopy is a diagnostic test in which a long thin camera is inserted through the rectum into the sigmoid colon.

### How is a Flexible Sigmoidoscopy different from a Colonoscopy?

Flexible sigmoidoscopy enables the doctor to see only till the sigmoid colon, whereas colonoscopy allows the doctor to see the entire colon. Colonoscopy is the preferred screening method for cancers of the colon and rectum; however, to prepare for and perform a flexible sigmoidoscopy usually requires less time.



### Why would a Flexible Sigmoidoscopy be done?

There are many reasons why your doctor would recommend a flexible sigmoidoscopy:

- As a screening test for colorectal cancer
- Assess abdominal symptoms such as diarrhea, abdominal pain or rectal bleeding
- It also may be done prior to another abdominal surgery

### What are the risks of Flexible Sigmoidoscopy?

Flexible Sigmoidoscopy is considered a safe procedure; but as with all medical procedures it carries some risks:

- Perforation (or puncture) of the colon – occurs approximately 1 in 5000 persons. It may require surgery to repair or be managed by antibiotic and intravenous fluids

- Bleeding, usually following the removal of a polyp – occurs approximately 1 in 500 persons. This bleeding usually stops on its own but may require a second procedure.
- Reactions to anesthetic – you may be sedated for the procedure (general anesthetic is not used) and reactions to this anesthetic is rare.
- Reaction to the bowel preparation recommended by your doctor. This includes nausea, vomiting, bloating etc.

## **What if my Flexible Sigmoidoscopy shows something abnormal?**

During your flexible sigmoidoscopy if something is found, various interventions may be performed:

- Biopsy: This is when your doctor takes a small sample of the colon lining which is then sent to the hospital laboratory for further analysis
- Bleeding: If areas of bleeding are identified, your doctor may control the bleeding by injecting medications, cauterization (sealing of bleeding vessels with heat treatment) or by use of small clips.
- Polyps: Polyps are abnormal growths in the colon lining that are usually benign (non-cancerous). These are removed and sent to the hospital laboratory for analysis. You should feel no pain upon removal

Your doctor will review any abnormal findings with you either following the procedure or in a future follow-up visit at their office.

## **What Bowel Preparation do I need to do?**

Bowel preparation for a flexible sigmoidoscopy is different than for a colonoscopy, since only the lower third of the colon is being seen. You will be required to administer two fleet enemas; one the night before your procedure, and one 1.5 hours before your arrival time. You also cannot have anything to eat or drink after midnight the night before your procedure.

You also need to arrange for someone to drive you home from the hospital, as you will not be allowed to drive or operate heavy machinery for 24 hours after being sedated.

## **Complications**

Complications are rare. Please call your doctor or proceed to the nearest Emergency Department if any of these symptoms occur.

- Severe abdominal pain
- Fever or chills
- Bleeding via rectum that does not stop
- Any other symptom that may concern you

Instructions for preparation for flexible sigmoidoscopy: Please do not start any prep without first speaking with your surgeon. ([Link to flexible sigmoidoscopy prep instructions](#))

Instructions for having both a flexible sigmoidoscopy and gastroscopy: Please do not start any prep without first speaking with your surgeon. ([link to flexible sigmoidoscopy and gastroscopy prep instructions](#))