

# My guide to flexible sigmoidoscopy & colonoscopy



## Information and support for you

Here at Bowel Cancer UK, we recognise how difficult it can be to get the right kind of information and support to help you make important decisions about your own health and wellbeing.

Perhaps you are reading this because you have been referred for investigation by your doctor (GP) if you've been having some unexplained bleeding from your bottom, changes in bowel habit or other symptoms such as pain, or lumps in your abdomen (tummy). Or you may have been advised to have further investigations after taking part in the NHS Bowel Cancer Screening Programme. Whatever your circumstances, we hope that the information in this booklet will help you (and your family) understand what to expect and what choices you might have in how these symptoms will be investigated.



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## Bowel Cancer UK Introducing our team

Whether you are experiencing symptoms or would like to explore and discuss your treatment options, or if you would like information on reducing your risk of bowel cancer, Bowel Cancer UK's specialist nurses are here to help.

You can speak to us about all aspects of bowel cancer, personal risk and how to maintain your own good bowel health.

We can also help you to understand what your choices might be if you have to make important decisions about having investigations or treatment for bowel cancer.

### Here's how to contact us:

Call us free on **0800 8 40 35 40**. Our specialist nurses are available Monday to Friday, between 10am and 4pm

Or you can email us [support@bowelcanceruk.org.uk](mailto:support@bowelcanceruk.org.uk)

You can visit our website at [www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk) at any time for more free information and resources

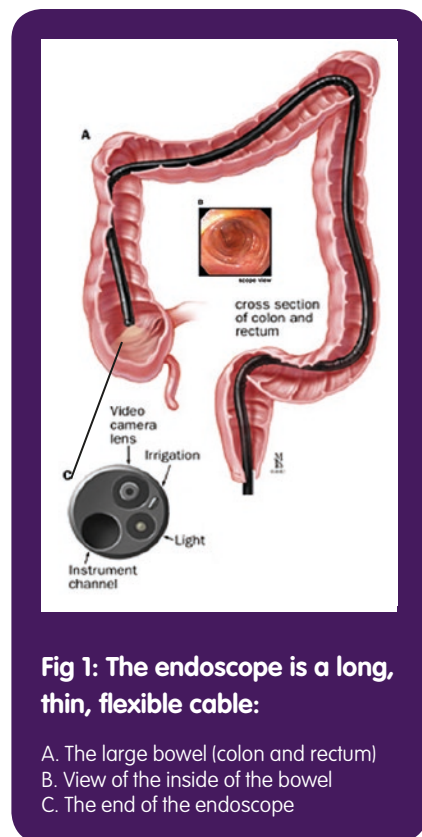
Or you can write to us at:

**Bowel Cancer UK, Willcox House, 140-148 Borough High Street, London SE1 1LB**

**Bowel Cancer UK would like to thank all the volunteers, specialist clinicians and supporters who helped us to develop this booklet for you. If you have any comments about the information in the booklet, or would like to know more about our work, please contact us.**

## What is endoscopy?

Endoscopy means using tiny cameras to look inside our bodies using natural openings - like the mouth or anus. There are many ways endoscopy can be used in the healthcare setting: flexible sigmoidoscopy and colonoscopy are just two examples.



The endoscope looks like a long, thin, flexible cable with a specialist camera, a light and a channel for water and air inside. This cable is connected to a computer monitor, allowing the endoscopist (a doctor or nurse with specialist training) to see and photograph the inside of your large bowel. They can identify and, if necessary, take tiny biopsies (samples of tissue) from anything they see that doesn't look normal.

Flexible sigmoidoscopy and colonoscopy are effective ways of looking directly into the large bowel. They are used routinely to monitor known problems or chronic bowel conditions. They are also ideal for screening and investigating unexplained or unusual symptoms like pain, bleeding, or a lump in your abdomen.

Ann said:

"Was I worried? Yes! But looking back, preparing for the colonoscopy was definitely worse than having it, and I'm so glad I did it. My advice would be don't put it off – it could literally save your life."

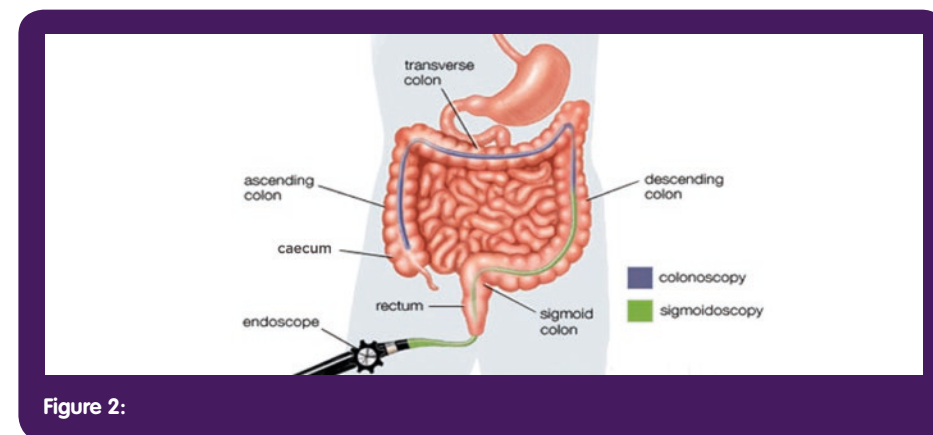
## What is flexible sigmoidoscopy?

The sigmoid colon is the lower part of the large bowel and it is found on the left hand side of your abdomen (Figure 2).

It runs from just under your ribcage to around the level of your hip bone. This part of the bowel is the most common place to find polyps or other changes in appearance usually associated with problems that can cause symptoms like pain, changes in bowel habit and unexplained bleeding. Around three quarters of all polyps - and bowel cancers - are found in the sigmoid colon and rectum so it makes sense to look here first.

During a flexible sigmoidoscopy, the endoscopist slowly introduces the scope into your bowel through the anus. By introducing small amounts of a gas (carbon dioxide or air) into the bowel to inflate it, the walls of the bowel can be pushed apart so that the scope can move more easily around the bends in the bowel.

This is a relatively quick investigation that can be done safely and easily in local community healthcare settings, as well as in hospital endoscopy units. It takes around 15-20 minutes to complete a flexible sigmoidoscopy, and the benefits are that it can be used as a safe way to diagnose and treat simple polyps quickly and effectively.



## What is colonoscopy?

The large bowel runs from the little "tail" of your appendix at the level of your hip bone on the right side of your abdomen.

It travels up to the level of your rib cage before it bends sharply round and travels across your abdomen, just above the level of your umbilicus (belly button). It curves up under your ribs on the left hand side before turning down the left hand side. Finally it turns back and down into your rectum (back passage) and connects to the outside at your anus (Figure 2).

During a colonoscopy, the endoscopist introduces the scope into the bowel through the anus, guiding it around the curves and bends in the bowel in the same way as for the flexible sigmoidoscopy. Small amounts of gas (carbon dioxide or air) are used to inflate the bowel slightly which helps this process and gives a clearer view. The scope is passed up through the rectum, around the bend and up into the sigmoid colon. Here it bends around to enter the transverse colon. On the other side of your abdomen it bends again before turning down to the caecum and appendix. This is a longer procedure and can take up to an hour.

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"In both these procedures, we have two opportunities to look for any problems or abnormalities in the bowel. We have our first look as we are introducing the scope into the bowel and then we look again as we slowly pull it back out again." **Chris, Nurse Endoscopist**

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## Helen's story



"Following a few bowel cancer screening tests, I was told on the Saturday I needed to come in for a colonoscopy and was shocked at how quickly they could get me an appointment. That Tuesday I went in and spoke to a lovely nurse who talked me through the procedure, making sure to answer any questions I had. I also learnt that she would be there for my colonoscopy which made me feel even more reassured. I left knowing all the information I needed and had plenty of detailed leaflets explaining the diet I had to stick to for the next few days.

When I arrived for the procedure I had a good consultant who answered any other questions I had. Although I was nervous, they explained that they had lots of experience doing these tests safely and that I could have as much sedation and pain relief as I needed. Feeling prepared, I got into my hospital gown and went to have my colonoscopy.

It was brilliant having the nurse I knew there and she made me feel so relaxed by holding my hand throughout. I took some sedation but was fully awake for the whole thing and felt no pain or discomfort whatsoever. Following the colonoscopy I was left to recover and had a sleep before they talked through my results with a cup of tea and a biscuit and explained the next steps of the diagnosis process and the possible treatment I would receive. A friend then took me home."

## Who can make the referral for flexible sigmoidoscopy?

If you have had one or more unexplained bowel symptoms for three weeks or more, you should ask your doctor (GP) or another trusted health practitioner for help in finding out what is causing the problems. It doesn't matter how old you are, whether you are a man or a woman or where you live, it is important to find out what is causing your symptoms.

They can examine you and take a detailed history of the problems. If there are no obvious reasons for your symptoms, your doctor (or in some areas, local pharmacists) can refer you to have more investigations. You can also be referred directly for investigation by the hospital if you are admitted as an emergency with any unexplained bowel symptoms.

The symptoms that can be investigated using flexible sigmoidoscopy include any unexplained:

- Bleeding from your bottom and/or blood in your poo
- A change in your normal bowel habit lasting three weeks or more
- Unexplained weight loss
- Extreme tiredness for no obvious reason
- Pain or lump in your tummy

## What can trigger the need for a colonoscopy?

Any of the symptoms listed above can trigger a full colonoscopy, depending on your age, your family history of bowel diseases or other cancers, and your own personal circumstances. Unexplained symptoms of new or recurring pain or tenderness in the centre or right hand side of the tummy might need to be investigated by colonoscopy.

## Who can make the referral for colonoscopy?

Colonoscopies are only done in specialist endoscopy units. Your doctor (GP) will refer you to the most appropriate team at your local hospital if you need to see a specialist to have further tests and a colonoscopy. This can also be done as a two week urgent referral if your symptoms have developed suddenly, are unexpected or unexplained and particularly if you are in a higher risk age group (55 years or over).

If your flexible sigmoidoscopy results have shown, for example, that you have lots of polyps or abnormal areas in your lower colon, you are also likely to be referred to the specialist Gastrointestinal (GI) team for more tests and possibly also a full colonoscopy. This is done to check the whole of the bowel before any conclusions are made about what the best treatment might be for you.

## Introducing flexible sigmoidoscopy for bowel screening

Flexible sigmoidoscopy is now considered by the NHS to be an effective way of routinely screening adults between the ages of 55 and 64 years, to protect them against developing bowel cancer. It is called the "Bowel Scope" test. You may be offered this "once only" investigation in addition to the current NHS bowel cancer screening programme. The standard FOBt (poo) test is currently sent to you in the post every two years from your 60th birthday in England, Wales and Northern Ireland or every two years from your 50th birthday in Scotland; a simple, quick way to protect you from bowel cancer.

Bowel Cancer UK says:

"If these pilots are successful, this new flexible sigmoidoscopy (Bowel Scope) screening test will be gradually introduced to everyone aged 55 across the whole of England over the next few years. This is an important development and will save even more lives from bowel cancer."

# Making and keeping your appointments for investigation

If you have been referred by your doctor or health care practitioner for an endoscopy, they have agreed that your symptoms are significant. They need to be investigated to find out what is causing them, so that you can have the right treatment prescribed for you.

Waiting for the appointment to come through can be frustrating; more so if you have to rely on someone else to take you to the appointment or if you have work commitments or other responsibilities that you will have to rearrange in order to keep the appointment date and time.

If your doctor (GP) is referring you to the specialist team first, then you can ask them to “choose and book” your first appointment. The doctor (GP) can give you the reference number and contact details to do this for yourself, or they may do it for you while you are with them. It only takes a few minutes, and allows you to immediately be more in control of your own time and healthcare decisions, starting with being able to choose where you want to have your investigations and treatment.

Bowel Cancer UK says:

“Have you been referred to the specialist team first? Ask to ‘Choose & Book’ your own appointment slot if you can.”

Ian said:

“Using choose and book for my first appointment meant that I could decide where I wanted to be seen, and I wasn’t worrying about not knowing what was happening while I waited for the appointment to come through.”

If you have to wait for an appointment time to be allocated, do let the doctor (GP) know if there are any times/dates likely to be difficult for you to attend, so that they can make it clear on the referral letter.

As soon as you have your appointment time confirmed, you can start making arrangements. Read the appointment letter and hospital information carefully to make sure you have all the information you need. You will be able to make your preparations as soon as you know:

- What type of preparation you need to do at home and how long that is likely to take so that you can do it properly.
- How much time it will take to travel to and from the appointment and how you are going to get there and back again.
- How long you are likely to need for the appointment, including any preparation time and recovery time afterwards.



At Bowel Cancer UK, we recognise that endoscopy services in the NHS are in very high demand all of the time. **It is essential that if you have been given an appointment, you keep it** or you rearrange it as soon as you know that you are not able to attend on the day/time you have been given. If you don’t, then someone else will have to wait longer for their test because your slot has been “lost” and your own investigation could also be delayed, sometimes by several weeks.

Hannah said:

“I would say definitely check how long the appointment is going to be, and decide in advance how you are going to get there – and back! For me, it’s just making sure you’ve thought about the practical stuff too, like making sure you have enough money for parking.”

## Gail's story

"I knew what the signs and symptoms of bowel cancer were, so when I spotted some bleeding from my bottom I went straight to the GP. Although they were not worried because symptoms were indicative of piles, they referred me for a flexible sigmoidoscopy just to be on the safe side.

My first meeting with the consultant was brilliant. He talked me through the procedure and I left feeling confident that all would be well.

I was slightly apprehensive on the day but there really was nothing to worry about. Preparing for the flexible sigmoidoscopy was simple and just involved fasting and an enema at home. Although this wasn't the nicest experience, I didn't have any problems.

Both the consultant and the nurse were excellent and their support really helped me to remain relaxed. I also found watching the screen fascinating and a great distraction. I didn't feel any pain at first but towards the end I started to feel some discomfort so I was relieved when the consultant stopped shortly after I let him know.

Almost straight away they explained my results to me, which were all clear, and following a quick cup of tea I went home. Looking back, the experience was perfectly fine and I wouldn't hesitate having another flexible sigmoidoscopy, or even a colonoscopy, if I needed to."



## The risks of having a flexible sigmoidoscopy or colonoscopy

All invasive medical investigations (looking inside or taking samples from your body) carry some risk that they will be uncomfortable, or that you might experience some short term side effects from the test.

However, all the evidence points to the fact that the benefits of having a colonoscopy or a flexible sigmoidoscopy far outweigh any risks from having the test. This is why they are thought of as safe and effective, as well as being an efficient screening tool and method of treatment. The most common risks and side effects associated with both colonoscopy and flexible sigmoidoscopy are usually only temporary. You might find that you experience one or more short-lived symptoms during or after the test; for example:

- A small amount of bleeding from the bottom
- A distended tummy or bloating
- Discomfort, wind pains or colicky, abdominal cramps

There is a very small risk of a few more serious consequences from having an endoscopy investigation. These can include sudden heavy bleeding (haemorrhage), infection, unintended damage to the bowel or other internal organs, or a cut or tear in the bowel wall (perforation) - leading to serious complications - but these side effects are very rare.

Bowel Cancer UK says:

"Both doctors and nurses can be endoscopists. They complete the same comprehensive training and supervised practice to guarantee a consistent high standard of knowledge and skill. Endoscopy units also have to prove that they are safe and competent to look after every patient having a colonoscopy or flexible sigmoidoscopy. This high standard of service is guaranteed by the organisation called JAG (Joint Advisory Group) for GI Endoscopy."



## Bowel Cancer UK explains “Informed Consent”

Your endoscopist will ask you to sign a consent form which asks you to confirm that you:

- have had the reason for the investigation and the procedure you are having explained to you;
- have understood your own personal risks for the procedure;
- have had a chance to ask any questions you might have about the side effects of the medicines or any treatment used.

Your endoscopist needs to confirm that you have understood these explanations and that you have agreed to have the procedure, before they can start the test.

If you are unable to read and understand the consent form properly by yourself, an independent patient advocate or a hospital interpreter can read it out to you, and help to make sure that you do understand what it says.

Large print versions of the form may also be available, so ask if you would prefer to have one of these so you can clearly see the print.

Bowel Cancer UK says:

“If you feel you haven’t been given enough information about why this is happening, or what to expect, you can and should ask for more information before you sign the consent form.”

## Bowel Cancer UK information and support service - here to support you

Here at Bowel Cancer UK, we have a free helpline service (0800 8 40 35 40) where you can speak directly and confidentially to one of our specialist nurses.

They will be able to explain in more detail about any aspect of bowel screening or the different types of investigations used for bowel-related symptoms. They can also provide you with additional information to help you and your family understand what choices you might have at each stage of a bowel cancer pathway.

Our specialist nurses have a wealth of experience, knowledge and skills. They will be able to help you understand what to expect, the questions to ask, and where to get more information about your investigations or your treatment options. We believe that making informed choices is all about understanding your situation and feeling confident to make decisions that are right for you.



## Preparing for flexible sigmoidoscopy and colonoscopy

When you are preparing for your test, it is important to follow the instructions you receive very carefully. You are aiming to give the endoscopist the best chance of completing your investigation safely and quickly, with minimum discomfort and maximum benefit.

The most important part of the preparation is the bowel cleaning. This is something you will do by yourself at home, in the days leading up to your appointment. When the bowel is cleaned out properly, the endoscopist can clearly see the bowel wall, helping them to identify any abnormalities or unusual changes quickly and effectively.

Your specific instructions about the type of preparation you need to do will come in the post with your appointment letter. If you are having a colonoscopy, your letter may also contain two or more sachets of strong laxative medicine for you to drink before the test. Flexible sigmoidoscopy patients may receive a small tube containing a different laxative (enema) to do at home, before you travel to the appointment.

If the instructions for how and when to use these medicines are not clear, then do contact the endoscopy unit straight away and ask them any questions you might have until you feel confident about it.

If you are having a colonoscopy, you are also likely to have a pre-assessment appointment - often a telephone conversation - with a nurse from the unit, to go through a comprehensive checklist.

**When you receive your appointment letter and the instructions about how to prepare for your flexible sigmoidoscopy or colonoscopy, read them carefully. If there's anything that isn't clear, phone and ask!**

## If you are taking regular medications

Some medicines can affect your preparation and may need to be stopped for around five to seven days before the test; for example iron supplements, fibre supplements and anti-diarrhoea preparations.

This is needed to make sure the bowel is as clean as possible on the day. It also protects you against any unintended side effects from the combination of your usual medications with the laxatives. If you are taking regular blood thinning medicines such as Aspirin, Clopidogrel or Warfarin, then it is also important to speak to someone at the hospital as soon as you can. You may have to stop taking them for a short time immediately before the test to avoid problems with bleeding if you have a biopsy taken or a polyp removed.

**If you are diabetic it is also important to talk to the nurses at the unit for advice BEFORE you start your bowel preparation. You may need to adjust your regular doses of insulin or oral hypoglycaemic medicines.**

Bowel preparation for a flexible sigmoidoscopy investigation may start one or more days before the test, or on the morning of the test, depending on your circumstances and your local unit. That's because only the lower part of the colon and the rectum needs to be seen. The preparation time for a colonoscopy tends to start three to four days before the appointment date because the whole of the large bowel needs to be emptied and completely clear before the test can be done safely.

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Robert said:

"When I found out about the special diet and laxatives I needed to take to get ready for my colonoscopy, I arranged to take the time off work so I could be at home. This was definitely the right decision for me."

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# Tips and advice on your bowel preparation

Everyone we speak to about colonoscopy and flexible sigmoidoscopy says the same thing – that bowel preparation is the most challenging bit of the whole process. But, they also say that it's so important do it properly. We have gathered lots of insight and advice from them that they want to share with you.



Don't put off taking the laxatives. **Start as early as you can** on the first day, so that you can complete the process as soon as possible and manage to get into bed for some sleep at the end of what will possibly be a very long day.



Once you start taking the laxatives, **stay close to a toilet**. It might take several hours before you notice it starting to work, but it can be **unpredictable**. It's likely you will have to make many trips to the toilet once it has started to work, until your bowel is empty or you are passing green/yellow mucus.



**Plenty of soft toilet paper**, moist wipes and a thick barrier cream (like those used to protect babies' bottoms from nappy rash) can be very useful in protecting and soothing the skin around your bottom during this preparation process. Keep them close at hand.



It is very important to keep drinking while you are going through the bowel preparation process. Warm, clear fluids like black or fruit teas, Bovril or Oxo can be comforting and warming. Sweet drinks can help give you energy and help to keep you hydrated too.



Try to **avoid rubbing the skin** around your bottom with the dry tissue, and use the moist wipes instead for cleaning – followed by patting dry gently with dry tissue. Apply the barrier cream when you can. This will help to prevent any soreness or redness in the area.



It can get cold spending so much time in the toilet, especially if you find yourself there late at night. **Take a warm drink in with you or a hot water bottle**. These can help with cramps too.



If you feel the cold, **make sure you are wearing socks and slippers or put a rug under your feet, and wrap up warmly**. A large, thick towel over your legs can really help to keep off the worst of the cold, and it can be washed again afterwards.



Sometimes, it just seems easier to stay sitting on the toilet for a longer period of time, than to keep getting up and down, but don't forget to **adjust your position regularly** so that you don't cut off the circulation in your bottom. Raising the level of your feet on a low stool can also be helpful in changing position when sitting on the toilet.



Put a **do not disturb** sign on the front door if you think you might be disturbed by unexpected visitors. If you have a cordless phone and are expecting important calls you might want to tuck it into a pocket and keep it with you.

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Ben's Top Tip!

"Think ahead when planning your journey to the hospital, and consider using a pad for a greater sense of security in case of unexpected leaks - or take an extra set of underwear or trousers."

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# Eating and drinking before your investigation

To make sure that your bowel is empty before your test, you may be asked to modify or change your diet for a short time.

If you are having a **flexible sigmoidoscopy** there tends to be fewer restrictions on what you can eat up until **the day before** the test. Depending on your appointment time, you may be allowed a light breakfast or possibly only clear fluids: e.g. water, black tea/coffee, herbal teas, clear lemonade. You will usually only be allowed to drink fluids after you have had your pre-test enema (to empty your bowel).

If you are having a **colonoscopy** you may be asked to make changes in your diet **for three to four days before** the test, to make sure that the whole of the colon has been emptied properly before the test begins. The diet sheet for your colonoscopy preparation might look like this:

3- 4 days before the test, start eating smaller meals, or avoiding:	2 days before the test, you can continue to eat small, light meals:	1 day before the test you are asked to only drink clear fluids:
<ul style="list-style-type: none"> <li>• Red meats, rice, nuts and vegetables</li> <li>• Milk, other milk based fluids and cream</li> <li>• Most fruit and puddings</li> <li>• Whole grain pasta</li> <li>• Cereals, bran and seeds</li> <li>• Coloured drinks, especially those that are red or purple in colour</li> </ul>	<ul style="list-style-type: none"> <li>• Light, easily digestible white meats such as chicken (without the skin)</li> <li>• Potatoes without their skin</li> <li>• Cheese</li> <li>• Eggs</li> <li>• A light meal of steamed white fish</li> <li>• Light clear soups/ consommé</li> </ul>	<ul style="list-style-type: none"> <li>• Water</li> <li>• Plain tea (no milk)</li> <li>• Soup broth (must be clear)</li> <li>• Oxo, Bovril, Marmite (weak)</li> </ul> <p><b>It is advisable to avoid drinking alcohol before your endoscopy.</b></p>

**Below are some other examples of permitted drinks suitable for diabetic patients who are on medication or are insulin controlled.**

If you are an "insulin-controlled" diabetic you should aim to have at least two portions from the items on this list, **every two to three hours** as a minimum. If you are unsure about your carbohydrate allowance each day, talk to your doctor, practice nurse or specialist nurse, or contact the endoscopy unit for more information.

## Examples of portion sizes for fluids

<b>Lucozade</b>	55 mls	3.5 tablespoons
<b>Grape juice</b>	50 mls	3 tablespoons
<b>Sparkling apple juice</b>	100 mls	6.5 tablespoons
<b>Unsweetened, clear fruit juices</b>	120 mls	8 tablespoons
<b>Sweetened, clear fruit juices</b>	80 mls	5 tablespoons
<b>Coke or Pepsi</b>	100 mls	6.5 tablespoons
<b>Lemonade or similar fizzy drink</b>	200 mls	13 tablespoons
<b>Tonic water</b>	180 mls	12 tablespoons
<b>Bitter lemon</b>	120 mls	8 tablespoons
<b>Ginger ale (American)</b>	140 mls	9 tablespoons
<b>Squash/barley water</b>	35 mls	2 tablespoons
<b>Glucose tablets</b>	3 tablets	

## What to expect at your planned appointment

Once you have booked in at the reception desk, you will be asked to take a seat in the waiting room, and your partner/family member may be asked to leave and come back to collect you later if the unit is busy.

It is important to remember that if you are having sedation for your examination, you will need to be collected by another adult (partner/family member/carer) to take you home again. You will not be able to drive and you may feel very sleepy and have difficulty concentrating for about 24 hours after the investigation.

**For flexible sigmoidoscopy you should try and give yourself an extra bit of time to eat and drink and relax properly after your test. For colonoscopy you should try to arrange to leave the whole day free if you can. It is also a good idea to have someone with you when you get the results of your investigation. It can sometimes be difficult to remember everything that was said or to follow the specific instructions you might have been given for your recovery if you're feeling anxious about the results or distracted by the side effects of the investigation.**

If you haven't already had the opportunity to go through your medical history at a pre-admission assessment, you will move to a private area with a nurse. These important questions about you should include:

- what you know about why you have been referred
- your recent symptoms and general health
- which (if any) medications you are taking
- if you have a pacemaker or any other medical implants
- any other health concerns or allergies you might have

If you are having a flexible sigmoidoscopy and have not yet had the small enema to empty your bowel, the nurse will do this for you during this initial preparation time.

Once you have signed your consent form, you may then be shown to another cubicle or bay in a single sex (all male/female) area with its own toilets. You will be asked to change into a clean examination gown, and you can take a clean dressing gown and your slippers with you to wear while you are waiting. Some units also have "dignity shorts" – disposable underwear with an opening at the back – for you to wear during the investigation.



## Blood tests before your procedure

You may have one or more blood tests to check your general health, and how your body has coped with the bowel preparation - especially if you are also taking medicines for heart, circulation or kidney problems.

You will also have a small cannula (a fine tube) inserted into a vein in the back of your hand - or in your arm - during this preparation stage.

Once you are clear about what is going to happen you will be asked to sign a consent form. There may then be a short wait before you go into the endoscopy room.

If you are taking Warfarin, you will also have an INR blood test done, either one day before or on the day of the procedure.

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Nancy says:

"I was referred to hospital for a colonoscopy. I was so nervous, I was dreading the appointment. But I shouldn't have worried at all – everyone was so lovely, they completely put me at ease. They explained everything; every single step. All the nurses were wonderful, everyone in fact. I wouldn't worry at all next time, I am completely relieved."

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## What will it be like in the endoscopy room?

There will be several members of staff in the endoscopy room with you. One of them will be a nurse who is there to support you.

For both the colonoscopy and the flexible sigmoidoscopy, you will be asked to lie on a padded treatment couch next to the endoscopy equipment and the video monitor. You will be positioned on your left side, with your knees tucked up towards your chest. The nurses will make sure that you are comfortable there before the procedure starts.

They may also put a pulse monitor on your finger; attach ECG leads to your chest and a blood pressure cuff on your arm. These monitor your heart rate, blood oxygen levels and your blood pressure during the procedure. You might also be given some oxygen using special nasal oxygen tubes. The medicines for relaxation and pain relief can then be given into your vein (via the cannula the nurse put in for you) if you are having sedation. Alternatively, you might be offered Entonox (gas and air). This is another way you can control and ease any discomfort, by breathing the relaxing gas through a mouthpiece/mask.

The nurses will support you to move into different positions to enable the endoscopist to move the scope carefully around the natural bends in your bowel. This helps them to get the best views of all the parts of your bowel, and complete the examination. If you have had sedation, however, you may not remember this happening.

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Peter says:

"Everyone is apprehensive about having this procedure. Is it enjoyable? No, but just follow the instructions they give you and try to relax. The bowel prep is the worst bit of the whole thing. The procedure is over before you even know it so don't postpone it; make the appointment and go!"

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## What happens during flexible sigmoidoscopy?

Sedation is not normally given before a flexible sigmoidoscopy investigation, unless you are very anxious. Try to discuss this with the endoscopy team before your appointment date if you are worried, and they will be able to answer any questions you have.

The flexible sigmoidoscopy starts with the endoscopist using a gloved finger and some lubricating jelly just to check inside your back passage (rectum), before they start to introduce the scope through your anus and gently pass some gas (carbon dioxide or air) into the bowel.

If you would like to, you are usually able to watch what's happening on a screen, and it can help you to understand what you are feeling too.

This strange pressure sensation in your back passage can give you a feeling of needing to go to the toilet again, but the enema will already have emptied your bowel. The nurse will help you to concentrate on taking some slow deep breaths which can help to relax your body too.

You may feel odd sensations/pressure as the examination continues; the gas (carbon dioxide or air) going into the bowel can cause some colicky or crampy discomfort - this usually comes and goes very quickly. If it is too uncomfortable, tell the endoscopist. They can take some of the gas (carbon dioxide or air) back out again using the scope, or help you to change position, to make it more comfortable for you. The endoscopist may also want to take some samples of tissue or remove some polyps.

Once the flexible sigmoidoscopy examination is over you will be able to go back to a quiet area to recover. Everyone feels that they urgently need to pass wind at this point. It's important to do this - it will relieve the feeling of bloating and any discomfort you might have and, because your bowel is clean and empty, it will not smell!

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Margaret said:

"I remember I felt quite bloated after my colonoscopy; getting rid of all that wind was really quite embarrassing. Walking about helped, and the nurses had useful tips too, like chewing some gum, having hot and cold drinks and sucking peppermints. My son found me some medicine for trapped wind from the chemist too. I think I only used it a couple of times, but it did help."

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## What happens during colonoscopy?

Once you are lying on the examination table, and are as comfortable as possible, you will have some medicines given through the cannula directly into your vein to make you feel sleepy and relaxed. It is not intended to send you completely to sleep because you are likely to have to cooperate with the endoscopist during the procedure.

In the same way as for flexible sigmoidoscopy, the endoscopist starts by gently examining your back passage (rectum) with a lubricated, gloved finger. Then they will insert the endoscope through your anus and slowly introduce the air or gas to gently inflate your bowel. You may feel an urge to empty your bowel. Gently taking some deep breaths can help you to relax and can also be a distraction if you need it. The nurse is there to support you, and to monitor your vital signs.

Colonoscopy takes longer than a flexible sigmoidoscopy. You may have to turn onto your back, front or right side to change position during the examination, so that the endoscopist can gently navigate around the whole of your large bowel. You may feel some odd pressure sensations, and the air (or gas) used to inflate the bowel can cause sudden, sharp sensations of colic type discomfort as the air moves and stretches the bowel wall. These can often feel similar to the cramps you might get when have an infection in your bowel or when you have “trapped wind” – air/gas can also be sucked back out with the scope.

It is important to tell the endoscopist if/when you have pain or discomfort, and to work together so that there is the best chance of success in being able to see all the way around the bowel. If the air in your bowel is making you too uncomfortable, it will also make you tense, so it is important to tell the nurse if you are not coping well. There are other ways in which the endoscopist and nurse can help to keep you as comfortable and relaxed as possible, if they know you are uncomfortable, to stop you becoming distressed by the procedure.

During the colonoscopy, the endoscopist may also want to take some biopsies or remove some polyps. This will not hurt.

If you have had intravenous sedation for the colonoscopy, you will need some time to recover. You will be taken to a quiet area (usually a cubicle or single sex bay) to rest until you feel more awake. This can sometimes take up to an hour, or more, depending on your own circumstances. During this time, the nurse will continue to monitor your pulse and your blood pressure until you are wide awake, and ready to get dressed and have something to eat and drink.

When you are able to start moving around again independently, you will be able to get up and your family member/partner or carer can join you. The endoscopist or nurse will see you again before you go home. It's a good idea to have someone with you for this; they can help you to remember what is said about what was seen and what to expect over the next few days, as you wait for any follow up appointments to be made. They will also tell you what biopsies, if any, have been taken and how long it will take for these results to come back.

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Kaira said:

“That morning, I came in early for my appointment. I was really worried. I wanted to have the sedation and it worked really well. The procedure seemed only to last a few minutes and I don't remember much about it. By lunchtime the nurse had spoken to me about my results and I was on my way home with my daughter.”

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# After your endoscopy has been completed

When you are feeling rested and ready, you will be able to change back into your own clothes and use the toilet again, to help get rid of some of the wind.

You may notice some specks of blood in the toilet bowl or on the toilet paper, but this is expected. It is usually caused by the removal of polyps or the taking of small biopsies during the procedure. You may also feel a bit tender or sore around your back passage and perhaps have some cramping or colicky type abdominal pains for a few hours, but this should also pass.

Then you will be ready for a drink and a light snack. The unit will probably offer water/tea/coffee and biscuits but you may want to take something with you to eat while you are waiting for the endoscopist to see you again, before you go home. If you do take in your own food, be sure that it doesn't have a strong aroma however, as this can disturb other patients in the unit. The endoscopist or nurse will see you again before you are discharged. He/she will check on how you are feeling after the examination, and tell you more about what they found, if anything, and give you a written discharge summary. They will also tell you what the next steps are, and give you a timeframe for these, especially if you are waiting for the results of biopsies or a follow up appointment.

## Reminder - when you have had sedation you must not:

- travel home on public transport
- drive or operate machinery for the rest of that day
- be left alone to care for small children
- sign legal documents
- drink alcohol for 24 hours

**Do not return to work until the following day**

## Eating and drinking after your investigation

You can eat and drink normally again afterwards although you may want to stay on a light diet for 24 hours or so until the after effects of any wind and sedation have worn off. You should, however, avoid drinking alcohol for 24 hours if you have had sedation.

## Medications

You can go back to taking most of your prescribed medications straight away although you may be advised to wait seven days before taking any medicines containing aspirin. Anti-inflammatory medicines can also irritate the bowel lining. Your consultant will advise you on when to start taking your Warfarin or Clopidogrel again.

## Bowel habit

Your bowel will be empty for the test and it may take several days before it starts working in a pattern that is normal for you. Remember to keep drinking water and other non-alcoholic drinks regularly, and to introduce a good balance of fruit, vegetables and cereals back into each meal. Regular exercise and walking every day will also help.

## Things to report immediately to your doctor

- Passing fresh blood in the toilet
- A temperature (fever) of greater than 38 degrees
- Severe abdominal or chest pain, nausea or vomiting
- Increasing redness, tenderness and swelling at the site of the cannula/intravenous injection.

## Longer term side effects to look out for

It is possible to continue to lose some small amounts or spots of blood for a week or more after having polyps removed, and this is normal. It happens as a part of a healthy healing process in the bowel.

You may also notice small metal clips or small amounts of bowel tissue or polyps mixed in with your normal poo if you have had polyps or small haemorrhoids (piles) treated during your endoscopy investigation. This is also normal and nothing to be concerned about.

If you notice any of the following symptoms you should contact the endoscopy unit, your local Accident and Emergency department or your doctor for more advice and possible treatment. If you do seek medical advice, take the discharge letter and any other information relating to your investigation with you:

- If you notice that you are losing increasing amounts of fresh blood or large clots of darker blood
- If you have any new pain, fever, bloating or nausea/vomiting that is unexplained
- If your bowel habit does not return to a normal pattern for you once you start eating and drinking normally again

Flexible sigmoidoscopy and colonoscopy are both safe, effective procedures to investigate and treat many bowel related symptoms. Serious side effects and complications are rare.

Bowel Cancer UK says:

"If you have any worries relating to how you are feeling, or unusual symptoms following any flexible sigmoidoscopy or colonoscopy investigation, please do not hesitate to contact the Endoscopy Department, your own GP, or go to the Accident & Emergency Department of your local hospital."



## Tips for family and carers

Family members and carers can be a real support to anyone preparing for a colonoscopy or flexible sigmoidoscopy; helping to read, understand and follow the bowel preparation instructions properly; encouraging and supporting them when they are taking the laxative medicines; ensuring they follow the instructions carefully and that they keep drinking to take in the large amounts of fluid needed and making sure that they remain safe and well during the process, particularly if they are elderly or more frail.

On the day of the investigation, the person having the investigation is likely to need someone to take them to, and pick them up from, the hospital, especially if they are having any kind of sedation before the investigation starts.

You may not be able to wait for them in the unit, but the endoscopy staff will tell you how long it is likely to be until you can return to collect them, and your support, even just as an extra pair of ears or as a note taker during their feedback consultation, can also be very helpful. The nurse or receptionist will usually contact you when it is time to come back to the unit so that you can be there in time.

Patients having a colonoscopy are usually given a combination of strong medicines for pain and relaxation. These can take several hours to wear off properly. During this time, many people have told us that having someone at home for support afterwards is also a great help.

Patients are advised not to: drive, cook or use a kettle, drink alcohol, operate machinery, sign any legally binding documents, be left alone in charge of small children or to care for other vulnerable people for at least twelve hours following their investigation. This is to ensure that they are not putting themselves or

others at risk until the effects of the medicines have worn off completely. You can support them with these activities.

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Duncan said:

“Flexible sigmoidoscopy? Well, for me it was just like a bit of an insurance policy really. It felt odd but it wasn’t uncomfortable. I could see on the screen when they found a polyp. They just took it out, there and then; no problems! No fuss! I must say, the whole thing was really well organised. I was in and out in just a couple of hours.”

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## Alternative tests

Colonoscopy and flexible sigmoidoscopy are safe and effective. They are recommended by national guidelines in England, Scotland, Wales and Northern Ireland. However, sometimes it may not be possible or practical for you to have an endoscopy and you may be offered an alternative test that's more appropriate for your own circumstances.

### CT Colonography (computed tomographic or "virtual" colonoscopy)

This involves using a CT scanner to produce two and three-dimensional images of the whole of the colon and rectum. These look like X-ray pictures of your body, taken in a series of 'slices' through your abdomen. It is very accurate in more than 90% of cases and sensitive enough to detect any changes of shape within the bowel so that polyps or diverticular changes (small pouches in the bowel wall) can be outlined. It can't easily detect "flat" areas of inflammation or change in the lining of the bowel, take samples of abnormal tissues to test, or remove polyps in the same way that a flexible sigmoidoscopy or colonoscopy can, so you may still need to have this too.

You may be asked to attend this appointment with an empty bowel, as you would for an endoscopy examination. A CT scanner also needs some sort of contrasting medium in the body to highlight the areas it is examining. This can be given as iodine based preparations which you would be asked to drink with your meals (starting at around two days before your test). It can also be injected into a vein in your arm during the test - making you feel warm, and causing an odd sensation of needing to pass urine. You may also be given a second injection to relax the bowel. Air (or gas) is also used here to inflate the bowel through a narrow tube placed into your bottom. **Sedation is not normally given to people having this procedure.**

### Barium enema

A barium enema is done in the X-ray department of the hospital. It is a special type of X-ray procedure that uses a special fluid called contrast medium. This white fluid is introduced directly into your empty colon through a tube inserted into your back passage (rectum). The bag of barium liquid slowly runs into your bowel until your colon is filled and you will be asked to change position during the test, to ensure that the liquid is able to reach all the way around the bowel from left to right hand side.

The barium temporarily sticks to the lining of the bowel so that it shows up as a bright white on the X-ray pictures (right), allowing the doctor to see any changes in shape in the bowel. It can also outline polyps and diverticular disease. If anything abnormal was found, you may still need to have a full colonoscopy perhaps to take samples or remove polyps, or to look more closely at anything that is out of the ordinary.



**The barium liquid can leak out during the test, and afterwards too. You will be able to use the toilet straight after the test is over but it can be a bit messy. It is worth taking a change of clothes with you, and either asking for an incontinence pad, or taking some absorbent pads with you, to avoid embarrassment from accidental leaks on the way home. You will gradually pass the rest of the liquid naturally over the next few days, and it may make your stools look white or grey.**

# Bowel Cancer UK aims to save lives and improve the quality of life for all those affected by bowel cancer.

## Get Involved

There are many ways in which you can get involved in helping to raise funds and awareness for Bowel Cancer UK. To find out how you can help visit: [www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk)

## Donate to Bowel Cancer UK

As a charity Bowel Cancer UK are almost completely dependent on voluntary donations. Help us save more lives. Visit [www.bowelcanceruk.org.uk/donate](http://www.bowelcanceruk.org.uk/donate)

## How we can help

If you'd like to find out more about helping to improve your bowel health or about bowel cancer call our Bowel Cancer Information and Support Service on **0800 8 40 35 40**.

To find out more about this product, or tell us what you think, please email [feedback@bowelcanceruk.org.uk](mailto:feedback@bowelcanceruk.org.uk)



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