



FLEXIBLE SIGMOIDOSCOPY – Patient Information & Informed Consent

What is a flexible sigmoidoscopy?

A Sigmoidoscopy is where the doctor uses an instrument called a colonoscope to look at the inside lining of your bowel. A colonoscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the inside of your bowel on a video screen. This procedure starts from your back passage (anus) and passes along approximately a third the length of your large bowel. You will lie on your side or back while your doctor slowly passes the colonoscope along your large bowel to look at the bowel lining. The lining will be looked at again as the colonoscope is taken out. The procedure is performed under sedation or anaesthetic administered by a specialist Anaesthetist. Allow 2-3 hours for waiting, the procedure and recovery. The procedure itself can take 10-30 minutes to complete.

Why have a sigmoidoscopy?

This is done to see if there are any growths, polyps or disease in your bowel. Sigmoidoscopy is the most accurate investigation to identify such lesions. Polyps, which may be pre-cancerous growths, can be removed at the time of the procedure. Other growths or disease can be biopsied and sent away for further testing.

What are the risks?

Complications are rare!

Occasionally you may have some abdominal discomfort from air trapping which normally passes quite quickly and is helped by walking around.

Less than 1 in 500 people will accidentally get a hole (perforation) to the bowel. This risk is higher (1 in 200) during removal of large polyps. If this was to occur, this may be repaired with small clips during the procedure or may require an operation to repair the hole.

Less than 1 in 100 people will have significant bleeding following removal of a polyp, which can usually be stopped at the time of the procedure. Occasionally this may require repeat sigmoidoscopy to treat the bleed, a blood transfusion, and/or rarely, a special x-ray procedure or an operation.

Uncommonly, a small polyp or cancer may be missed. This is more likely if the bowel preparation is not adequate.

Other rare complications include reactions to the anaesthetic/sedation (the Anaesthetist will discuss this further with you on the day of the procedure), infections or not being able to complete the procedure due to difficult or unusual anatomy making passage of the colonoscope unsafe.

What are you responsible for?

You are less at risk of problems if you do the following:

- Follow the bowel preparation instructions carefully.
- Bring a list of all prescribed, over the counter and herbal medication you take.
- Bring any relevant x-rays.
- Do not drink any alcohol and/or take recreational drugs 24 hours before the procedure.
- Please ensure you make arrangements for someone to drive you home after the procedure. It is not safe to drive until the following day after having sedation or an anaesthetic.

What happens after the sigmoidoscopy?

You will usually be allowed to eat straight away. Your doctor will inform you of the results prior to you leaving the recovery area. Any polyps removed or tissue samples taken will be sent to a pathologist - the results of these tests may take several days. Follow-up of these results will be made with you. Again, please ensure you make arrangements for someone to drive you home

after the procedure.

Do NOT drive any type of vehicle or operate machinery until the next day.

Do NOT drink alcohol and/or take other recreational drugs. They may react with the sedation drugs.

Do NOT make important decisions or sign a legal document for the first 24 hours.

Have an adult with you on the first night after your sigmoidoscopy.

Notify our office on 5530 0770 during working hours or the hospital Emergency Department straight away if you have:

- severe ongoing abdominal pain.
- black tarry motions or bleeding from the back passage.
- a fever.

What if I don't have the procedure?

Your symptoms may become worse and your doctor will not be able to give you the correct treatment.

Are there other tests I can have instead?

There are other tests that can be done, such as a:

- ☐ Double contrast barium enema (an x-ray test).
- CT Colonoscopy (an x-ray test). A sigmoidoscopy or colonoscopy will still be required if some pathology is found.

CONSENT FOR SIGMOIDOSCOPY

I have read and understand the above information on flexible sigmoidoscopy. I have read and understand the "Patient Preparation Instructions" leaflet supplied to me. I hereby agree to undergo a sigmoidoscopy by the gastroenterologist. I agree to any biopsies, removal of polyps, dilatation or any other sigmoidoscopic procedures deemed to be appropriate at the time of the procedure.

To assist in my management, I additionally permit the gastroenterologist to access or obtain any relevant medical information from other health professionals or services.

PATIENTS SIGNATURE_____

NAME_____

DATE_____

WITNESS SIGNATURE_____

NAME_____

DATE_____

Coast Gastroenterology

**PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU ON THE DAY OF YOUR
PROCEDURE**

***If you have any concerns or questions about the preparation, procedure or consent, please contact
our office on 5574 6133.***