

Sigmoidoscopy

Gastrointestinal examinations

During a sigmoidoscopy, the inside of the last 50 cm of the large intestine is examined. This part is called the sigmoid. The examination is conducted using an endoscope, a flexible tube equipped with a camera at its tip. The doctor can identify certain abnormalities during the examination, such as inflammations, ulcers, bleeding, polyps, or diverticula (small pouches in the colon wall). The doctor can also check for scars from previously removed polyps. Photos taken during the sigmoidoscopy are included in the Electronic medical record.

This folder provides information about sigmoidoscopy, how to prepare for the examination, and what to expect after the procedure.

Preparation for the examination

Your first appointment is an intake conversation. The sigmoidoscopy will take place during your next appointment. During the intake conversation, you will receive information on how to prepare for the examination. Stool makes the intestinal wall less visible. Before this examination, it is necessary that the intestine is completely empty and clean. You will be informed during the intake conversation which of the following options applies to you:

- Using a laxative to cleanse the bowel.
- An enema administered at the clinic before the examination.

Use of medication

If you take medication, we will discuss during the intake appointment whether your medication needs to be adjusted before and/or after the examination. If you use blood thinners, we will discuss with you if you should temporarily stop taking them. If you have diabetes and take medication for it, please ask your healthcare provider (the doctor who prescribed the medication) whether you need to adjust it before the examination.

If you are taking iron tablets such as Ferrofumaraat or Ferrogradumet, please stop taking these medications 1 week before the examination. These tablets can turn the intestinal wall black, making it less visible. You can resume taking the iron tablets after the examination.

Always inform us about the medications you are taking. It is important never to stop taking medication on your own but only under the advice of your general practitioner or specialist. Additionally, please let us know if you have a pacemaker or ICD, or if you are pregnant.

Day of the examination

- Due to the necessary preparations for your examination, we kindly request you to arrive 30 - 60 minutes before the scheduled time of the examination. You will be informed of the specific arrival time when making the appointment.
- We recommend bringing extra underwear and wearing loose-fitting, comfortable clothing that does not constrict. You may also want to bring slippers for the recovery room, as they provide more safety when walking to the restroom.
- If you do not feel well on the day of the examination, please contact the location where you have an appointment through our Service and Information Center (088 0100 900) to discuss whether the appointment can proceed.

The examination

You will lie on your left side on the examination bed with your knees drawn up. A conductive gel is applied to the tip of the endoscope. The endoscope is then gently inserted through the anus (anal sphincter) into the intestine. This may cause a pressure sensation or cramping.

To unfold the intestine and have a clear view, carbon dioxide (CO₂) gas is insufflated through the endoscope. This can cause cramps and a feeling of urgency. You are encouraged to pass gas, which often provides relief. Sometimes, if an abnormality is found, a minor procedure is performed during the examination. A small piece of tissue can be taken for further examination (biopsy). The doctor may also remove polyps using a small lasso-like tool. These procedures are not painful.

You can observe the examination on a screen. During the procedure, we may ask you to change positions occasionally. The nurse will assist you. By applying pressure to your abdomen, the nurse can guide the movement of the endoscope from the outside

Duration of the examination

A sigmoidoscopy takes about 15 to 30 minutes.

After the examination

- You are allowed to eat and drink normally after the examination. However, we recommend avoiding fatty and heavily spiced meals for the first 24 hours.
- You might experience bloating, which is caused by the CO₂ gas introduced into your intestine during the examination. Passing gas can provide relief.
- If a polyp or piece of tissue has been removed, you may experience slight bleeding in your stool during the first 12 hours after the procedure. This condition may persist for up to 3 weeks following the examination.

The result

The doctor will discuss the findings with you after the examination. If a treatment was performed during the examination, an additional follow-up might be necessary. The doctor will inform you about this. If tissue has been removed for laboratory analysis, we aim to discuss the results with you approximately one week later. You will receive an invitation for an appointment. The doctor who requested the examination will also receive the results of the examination.

Referral to hospital

Sometimes the doctor may find an abnormality during the examination that cannot be treated at DC Klinieken. The doctor will inform you of this. In such cases, we will refer you to a hospital for further treatment. We will discuss with you which hospital this will be.

Complications

A sigmoidoscopy is a safe procedure and usually proceeds without problems. However, complications can occasionally occur.

- During the examination, a perforation (a tiny hole in the intestinal wall) can occur. For example, during the removal of a polyp. The likelihood of this happening is very small. If you experience heavy bleeding after the examination (more than 1 cup), severe abdominal pain, fever (above 38 degrees Celsius), or any other unusual reaction, please contact us immediately. See the phone numbers below for assistance.
- In very rare cases, an infection may occur after the examination. Please contact us immediately if you experience a fever (above 38 degrees Celsius) after the examination.

Resuscitation

All patients at DC Klinieken are resuscitated in emergency situations. Do you have a do-not-resuscitate declaration, or have you discussed with your doctor that you do not want to be resuscitated? In that case, it is crucial that you inform us about your preferences.

Emergency after a visit to DC Klinieken

In case of emergency, call: +31 (0) 88 0100 998.

Emergency after a visit to DC Klinieken Dokkum

Patients of DC Klinieken Dokkum should call the following number in case of emergency:
+31 (0) 88 0100 960.

Insurance coverage

DC Klinieken has contracts with all health insurance providers. This means that almost all healthcare services are reimbursed, similar to in a hospital. However, you do need a referral from your general practitioner or specialist. Please be aware of your own risk/excess. For more information about reimbursements and possible exceptions, please refer to our website: www.dcklinieken.nl/vergoedingen.

Questions

For more information and answers to frequently asked questions, please visit our website: www.dcklinieken.nl/contact or contact our Service and Information Centre at +31 (0)88 0100 900.