

# Sigmoidoscopy

Patient information



During a sigmoidoscopy, the inside of the last 50 cm of the large intestine is examined. This part is called the sigmoid. An endoscope is used to do this, which is a flexible tube with a camera. The surgeon can visualise certain abnormalities during the examination. For example, inflammation, ulcers, bleeding, polyps or diverticulitis. The surgeon can also check scars from previously removed polyps. During a sigmoidoscopy, photos are made that the surgeon includes in the examination report.

This folder contains information about sigmoidoscopy, how you have to prepare for the examination, and what you can expect from it.

## Preparation for the examination

Your first appointment is an intake talk. The sigmoidoscopy is done during your next appointment. During the intake talk, you will be given information on how to prepare your bowel for the examination. Faeces make the intestinal wall less easy to see. It is therefore necessary to make sure the bowel is completely empty and clean. You will hear during the talk which of the following options applies to you:

- Laxative effect induced by taking a laxative.
- An enema in the clinic prior to the examination.

## Use of medication

If you take medication daily, ask your own specialist/general practitioner whether you need to adjust your medication regime and how to do this in preparation for the examination. If you take anticoagulants, then we shall discuss with you whether to stop taking them temporarily.

Are you taking iron tablets like Ferrofumarate or Ferrogradumet? Then stop taking them 1 week before the examination. These tablets colour the intestinal wall black, making it less visible. After the examination you can return to taking these iron tablets as usual.

Always inform us if you take medication and what kind(s). It is important not to stop taking medication by yourself, only do so following a GP's or doctor's recommendation. It is also important to inform us if you have a pacemaker or ICD or are pregnant.

## Day of the examination

- Given the essential preparations for your examination, we kindly request that you are present 30 - 45 minutes prior to the start of the examination. You will be told how far in advance you have to report when making the appointment.
- We advise you to bring some spare underwear and comfortable clothing that does not pinch.
- Nail polish and false nails are not permitted because we must be able to observe a good blood flow to the fingertips.
- If you do not feel well on the day of the examination, then contact the location where you have your appointment through our Service and Information Centre (088 0100 900) and discuss whether the examination can still take place.

## The examination

You will lie on your left side on the examination bed, with your knees pulled up. The end of the endoscope is covered with gel. Then the endoscope will be inserted carefully via the anus (sphincter). This can cause a feeling of pressure or cramp.



CO2 gas will be passed through the endoscope to expand the intestines and get a good view. This can cause cramps and a feeling as if you need to break wind. Feel free to break wind, it often brings relief. Sometimes during the examination a small procedure is done immediately when a deviation is found. A small piece of tissue can be removed for further investigation (biopsy). Or the surgeon can remove polyps with a kind of small lasso. These procedures are not painful.

You can watch the examination on the monitor. During the examination, we may ask you to change position. The nurse will help you do so. By pressing on your abdomen, the nurse can guide the endoscope from the outside.

### **Duration of the examination**

A sigmoidoscopy takes about 15 to 30 minutes.

### **After the examination**

- You may eat and drink normally again after the examination. But in the first 24 hours we recommend avoiding fatty and highly spiced food.
- You may feel bloated as a result of the CO2 gas that was blown into your intestines during the examination. Breaking wind will relieve this.
- If a polyp or another tissue sample was removed during the examination, you may see some blood in your stools during the first 12 hours. You may experience these symptoms for up to 3 weeks after the examination.

### **The result**

After the examination the physician will discuss the findings with you. Extra follow-up may be necessary if a treatment was performed during the examination. The physician will inform you of this. If tissue is taken for examination in the laboratory, we aim to be able to discuss the results with you about a week later. You will receive an invitation for an appointment. The physician/general practitioner who requested the examination will also receive the result.

### **Referral to hospital**

Sometimes the surgeon finds a deviation during the sigmoidoscopy that cannot be handled by DC Klinieken. The surgeon will inform you of this. We shall then refer you to the hospital for a follow-up treatment. We shall discuss with you which hospital would be best.

### **Complications**

A sigmoidoscopy is a safe examination that is usually performed without problems. But sometimes symptoms or complications occur.

- During the examination a perforation (hole in the intestinal wall) can be made. For example, when a polyp is removed. The risk of this happening is very small, however. If you experience blood loss (more than 1 cup), severe abdominal pain or develop a fever after the examination, you must contact the clinic where the examination was performed. Please contact our Service and Information Centre on +31 (0)88 0100 900.
- Outside of office hours, in an emergency contact De ZorgCentrale at +31 (0)20 5923 831.

### **Resuscitation**

All patients at DC Klinieken are resuscitated in an emergency. Have you signed a DNR form or discussed with the physician that you do not want to be resuscitated? Then it is important to inform us of this. You probably already did so in the intake talk with the nurse. If not, let us know prior to the examination.

### **Insurance coverage**

DC Klinieken has contracts with all health insurance providers. This means that practically all of the care is reimbursed. Just like the care you receive in the hospital. You will first need a referral from your GP or specialist. Remember to take into account your insurance excess. For more information about reimbursement and any exceptions: [www.dcklinieken.nl/vergoedingen](http://www.dcklinieken.nl/vergoedingen).



## Questions

For more information and answers to FAQ, please contact: [www.dcklinieken.nl/contact](http://www.dcklinieken.nl/contact) or our Service and Information Centre on +31 (0)88 0100 900.

## Emergency after visit to DC Klinieken

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

## Emergency after visit to DC Klinieken Dokkum

In case of an emergency after pain management, or gastrointestinal examination, patients of DC Klinieken Dokkum should call: +31 (0) 88 0100 960 or after radiology: +31 (0) 88 0100 985

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