

Flexible Sigmoidoscopy (Left Colon)

Lloydminster Specialist Clinic
www.lloydminstersurgeons.com

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| Your appointment is: _____ @ _____ at the Lloydminster Hospital. |
| Confirmation of the appointment must be made 2 weeks prior with the Lloyd Hospital or your scope may be cancelled. 306-820-6292 |
| You must bring a driver due to the sedation. |
| *Please advise the Doctor/Nurse of any medication allergies* |

PREPARATION:

1. You must be on a **clear fluid diet** the **WHOLE** day before the procedure.
2. If you are taking any blood thinner medications as per doctor's recommendations.
3. Absolutely nothing to eat or drink after **midnight**, the night before your scope.
4. The day of the procedure you will need to use a **fleet enema** to help clean out your bowels. (This can be purchased at your local pharmacy.) You will need to perform a fleet enema **one hour prior to your arrival at the hospital**. A second enema may be given to you at the hospital if the first one did not clear you out adequately. The hospital will provide this enema.

CLEAR FLUID DIET

- Water
- Broth (Beef or chicken)
- Coffee or tea (no dairy products or non-dairy creamers)
- Juice & Jell-O
- Popsicles

What is a flexible sigmoidoscopy (left colon)?

A flexible tube is inserted into the anus and advanced slowly into the rectum and lower part of the colon, enabling the Doctor to examine the lining of the rectum and large bowel.

What to expect during the procedure?

This procedure is usually well tolerated and rarely causes pain. There is often feeling of pressure, bloating, or cramping at various times during the procedure. You will be lying on your side while the sigmoid is advanced slowly through the rectum and the colon. As the instrument is slowly withdrawn the lining is carefully examined. The procedure takes 5 - 15 minutes.

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Risks and Complications:

Common risks and complications include:

Mild pain and discomfort in the abdomen for one to five days after the procedure. This usually settles with walking, and moving around to get rid of the trapped air.

Nausea and vomiting.

Faintness or dizziness, especially when you start to move around.

Headache.

Pain, redness or bruising at the sedation injection site (usually in the hand or arm).

Muscle aches and pains.

Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

About 1 person in every 1,000 will accidentally get a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery may be needed to repair the hole.

About 1 person in every 100 will experience a significant bleed from the bowel where a polyp was removed. Further endoscopy, a blood transfusion or an operation may be necessary.

Not being able to see the entire bowel. This can happen if your bowel is not completely clean or the colonoscope could not be passed to the end of your large bowel.

Missed polyps, growths or bowel disease.

Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia.

Emergency treatment may be necessary.

Change of anaesthetic from a sedation anaesthetic to a general anaesthetic.

'Dead arm' type feeling in any nerve due to positioning with the procedure - usually temporary.

An existing medical condition that you may already have getting worse.

Rare risks and complications include:

Bacteraemia (infection in the blood). This will need antibiotics.

Stroke resulting in brain damage.

Anaphylaxis (severe allergy) to medication given at the time of procedure.

Death as a result of complications to this procedure is rare.