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What is a sigmoidoscopy?

Sigmoidoscopy is a procedure where the doctor inserts a long thin flexible instrument called a colonoscope into the back passage, allowing direct inspection of the rectum (or lower large bowel). It is, in effect, a limited colonoscopy.

How are you prepared?

In order to get the best view possible your rectum needs to be cleaned out. You will be given an enema (liquid is gently passed through the anus with a tube) prior to the procedure. It is important to take plenty of clear fluids the day before the test. **You should have nothing solid to eat in the 6 hours leading up to your arrival time, but you may continue clear fluids until 2 hours prior to arrival.** After that you must remain FASTED apart from a sip of water with any regular medicines.

Special considerations

Iron tablets should be stopped one week before the procedure. People with diabetes, heart-valve disease or on blood thinners (other than aspirin) may require special arrangements which should be discussed with Dr Brown.

What happens on the day of the procedure?

- Come to the Endoscopy Unit at the time you are told – don't bring any valuables.
- You will be met by a nurse and asked to change into a gown.
- You will be given an enema.
- Once in the examination room you can have a sedative injection to help make you comfortable.
- The time taken to complete the procedure varies, but is generally around 15-30 minutes.
- Depending on the findings, biopsies (samples) may need to be taken, or polyps (small growths of the bowel lining) removed.

What happens after the sigmoidoscopy?

- After the procedure you will be taken to the Recovery Area until any sedation wears off – you may have some bloating and discomfort from the gas inserted during the procedure, which will pass.
- After something to eat and drink you will be able to go home – you may not drive yourself, sign legal documents, or drink alcohol that day.

An adult needs to take you home and stay with you.

- You will be given discharge instructions, and when to make a follow-up appointment.

Safety and risks

- The instruments are completely cleaned between each patient so there is almost no risk of transmission of infectious diseases.
- The most common complications of colonoscopy are intolerance of the enema, soreness around the anus, and bloating and discomfort after the procedure.
- More serious complications are rare and include: puncture of the bowel wall (perforation), bleeding from the bowel, reactions to the sedative injection or chipped teeth. These problems may require urgent treatment such as blood transfusion or even operation.
- While colonoscopy is the most accurate means of assessing the bowel, it is possible to miss small but important lesions.
- You may not be aware of complications until up to 2 weeks after the procedure. (You should not plan to travel for this time). Any bleeding or severe pain should be reported to a doctor promptly.
- As with any invasive medical procedure, there is a remote chance that complications can result in death - *this is extremely rare*.

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