

Patient information factsheet

Having a flexible sigmoidoscopy and an endoscopic mucosal resection (EMR)

We have given you this factsheet because your doctor has referred you for a flexible sigmoidoscopy and an endoscopic mucosal resection (EMR). It explains what a flexible sigmoidoscopy and an EMR are, what the procedure involves and what the possible risks are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us before your procedure using the details at the end of this factsheet or ask to talk to a nurse when you arrive for your appointment.

Please make sure you read this information and follow the instructions carefully before your procedure.

Before your appointment

You must contact the endoscopy unit as soon as you receive your appointment letter if you:

- are unable to keep your appointment
- have diabetes and have any queries about your medications
- are pregnant or think you might be pregnant
- are taking any blood-thinning or anti-platelet medications, such as warfarin or clopidogrel (unless we have advised you about this already)

This is very important, because if any of these apply to you and you don't let us know in advance, we may need to delay or cancel your procedure on the day.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy is a procedure which allows a specially trained doctor or nurse (called an endoscopist) to examine the lower part of your large bowel. It is performed using an endoscope, which is a long, thin, flexible tube with a light and a tiny video camera built into its tip. The video camera relays images to a television (TV) screen.

You will need to give yourself an enema (a small bottle of fluid that you squeeze into your back passage via a small tube to help empty your bowel) in preparation for this procedure, so that your bowels are empty.

What is an endoscopic mucosal resection (EMR)?

An EMR is the removal of a polyp (an abnormal growth of tissue) usually during a camera-based endoscopic procedure, such as a flexible sigmoidoscopy, a colonoscopy (a test to check inside your large bowel) or a gastroscopy (a test to check inside your throat, food pipe and stomach). The tissue we remove will include a small piece of the lining of your bowel.

Why do I need this procedure?

A flexible sigmoidoscopy and an EMR can help to:

- monitor long-term conditions
- investigate problems
- diagnose conditions
- treat conditions

The doctor who referred you for this procedure will have explained the reason why you need this procedure.

How should I prepare for the procedure?

Medication

Stop taking any iron tablets **four days** before your procedure.

On the day of your procedure:

- continue to take your other medications as normal (unless we have advised otherwise)
- bring a list of the medications you are currently taking with you into hospital

Bowel preparation

Your bowel must be emptied of waste material to ensure the endoscopist performing the procedure can see clearly when they look inside your bowel. It is important that you follow the advice, bowel preparation schedule and the enema manufacturer's instructions we have given you correctly. If your bowel is not properly prepared, your procedure may be unsuccessful, or we may have to cancel it.

On the day of your procedure, if you feel the bowel preparation has not worked, for whatever reason, please let us know. We may be able to give you an additional enema to use.

Eating and drinking

It is important that you follow the dietary advice (including when to stop eating before your procedure) in the bowel preparation factsheet we have given you.

You can drink sips of water right up until you go for your procedure (up to one small cup (170ml) of water every hour).

Sedation

We will give you the option to have sedation (medicine that makes you drowsy) for this procedure. Sedation will help you to stay relaxed and pain-free during the procedure.

After having sedation, you **must** have a responsible adult to take you home and stay with you overnight.

For 24 hours after being sedated you must not:

- drive
- drink alcohol
- operate machinery
- sign important documents

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What will happen before the procedure?

When you arrive for your appointment, please check in at our reception desk. If there isn't anyone at the desk, please take a seat in our waiting room.

A nurse will then take you into an interview room and will go over a pre-procedure checklist. The nurse may then ask you to change into a hospital gown and/or dignity shorts.

The endoscopist performing the procedure will then explain the procedure to you in more detail and answer any questions you may have. If you are happy to proceed with the procedure, we will then ask you to sign a consent form.

If you have chosen to have sedation, we will then give you a sedative injection via a cannula (a small plastic tube inserted into a vein in your hand or arm) before the procedure.

What will happen during the procedure?

The procedure will be performed in the endoscopy unit.

We will ask you to lie down on a hospital bed on your side with your knees drawn up towards your chest. Once the sedative has taken effect (if you have chosen to have sedation), we will gently insert an endoscope into your back passage and then pass it through to your large bowel. You may experience some mild discomfort as we move the endoscope around, but we will try to keep this to a minimum. If you are uncomfortable at any point, please let us know. We may give you a special gas (called Entonox) to breathe in to help relieve any pain.

Using the images displayed on the TV screen from inside your large bowel, we will check your bowel for any issues and remove any polyps (harmless growths, which if left untreated, can sometimes become cancers) we find. If we find a polyp, we may inject some fluid under it to lift it up, away from the deeper muscle layers of your bowel wall. We will then place a snare, which looks like a wire loop, around the polyp. We will then pass an electric current through the snare which will cut off the polyp. This should not be painful. Depending on the size of the polyp, we may need to repeat these steps a few times until we have removed all the visible polyp tissue.

We may also take digital photographs or small samples of tissue during the procedure and send them to be checked in a laboratory under a microscope. This is called having a biopsy. It will not cause you any pain, but you might feel a slight tugging sensation.

We will monitor your pulse rate and oxygen levels throughout the procedure. If you need extra oxygen, we will give you this via a small tube placed just inside your nostrils.

How long will the procedure take?

The procedure will take between 45 minutes and two hours. However, please expect to be in the department for up to five hours in total.

What will happen after the procedure?

After your procedure, we will take you to our recovery area, where we will monitor you for 30 to 60 minutes to make sure you are feeling well before you go home. We will also explain what we have done today and what we have found and give you an aftercare factsheet.

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After the procedure, it is normal to experience the following side effects:

- windy, cramp-like pain
- a small amount of blood from your back passage (if we removed any polyps or if we took any biopsies)

These side effects should settle within 24 to 48 hours. You will usually be able to return to your normal daily activities 24 hours after the procedure.

If the pain does not settle or you are at all concerned about your recovery, please contact your general practitioner (GP) or our endoscopy unit using the details at the end of this factsheet.

Are there any risks?

A flexible sigmoidoscopy and an EMR are generally safe procedures, but as with any medical procedure, there are some possible risks.

Risks include:

- **bleeding** (approximately one in 50 people) - If this occurs, the bleeding will usually stop by itself. Occasionally, observation and further treatment in hospital may be necessary.
- **perforation** (a tear or a small hole in the bowel wall) (approximately one in 100 people) - If this occurs, observation in hospital is necessary. Occasionally, surgery may be needed to seal the tear or the hole.

When to seek urgent medical help

Sometimes complications can occur up to two weeks after the procedure.

Go to your nearest emergency department if you experience any:

- unexpected or severe pain in your abdomen (not relieved by passing wind)
- severe bleeding from your back passage

Please take a copy of your procedure report with you so that you can show it to the healthcare professional caring for you.

When will I receive my results?

We will explain what we have found immediately after your procedure. We will then send any polyps or biopsies we have taken to the laboratory to be examined. It may take up to three weeks for the results to come back. The results will then be sent to the doctor who referred you for this procedure. Your doctor will then contact you to discuss your results or to arrange a follow-up appointment.

Important information

If you have chosen to have sedation

If you have chosen to have sedation for this procedure, you must not drive for 24 hours after your procedure. You must also arrange for a responsible adult to collect you from the hospital and stay with you overnight after your procedure.

Parking

As our car parks can get very busy, we recommend either getting a lift by car or coming by public transport to the hospital. Please note that if you get a lift, there is a drop off point outside the main entrance of Southampton General Hospital.

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Contact us

If you have any questions or concerns, please contact us.

Endoscopy unit

Telephone: **07500 761793** (every day, 8am to 6pm)

Useful links

www.nhs.uk/conditions/bowel-polyps

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **PFSH@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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