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Flexible Sigmoidoscopy

Patient Information Leaflet

Dr Corbett has decided that a Flexible Sigmoidoscopy is needed to check your symptoms or confirm a diagnosis. This is a test that looks at the inner lining of your large intestine (rectum and colon). A thin, flexible tube called a colonoscope is used to look at the colon. A colonoscopy helps find ulcers, colon polyps, tumours, and areas of inflammation or bleeding.

Please note that the appointment time is for your pre procedure check, not the time of your examination. The length of time you will be here will vary enormously but may be anything from two to four hours or more.

Prior to the flexible sigmoidoscopy you will either need to take oral bowel preparation medication or have a phosphate enema. Dr Corbett will have informed you which is required at your appointment. If you are having oral bowel preparation, please follow the bowel preparation instructions which are found below carefully.

- **Stop taking iron tablets seven days before the procedure.** All other medication (including aspirin) should be taken as normal but you must inform your consultant of **all** medication being taken especially any anticoagulants.
- If you take **Warfarin** please inform Dr Corbett or the hospital as you may need to have an INR test seven days before your procedure.
- If you have **diabetes** please inform Dr Corbett or the hospital.
- If you have any questions about the procedure or find that you cannot keep this appointment, please contact the hospital or Dr Corbett's PA as soon as possible.
- Taking the bowel preparation might prevent the absorption of the oral contraceptive pill. Additional contraceptive precautions should be taken until the next period begins.
- You **must** arrange for a responsible adult to come with you to the hospital and wait to take you home. You will not be able to drive yourself. **If you come without an escort, we will have to cancel the procedure.**

You will need to undress and put on a gown. You will then be brought to the endoscopy theatre. You will be asked to remove any glasses and you will then lie on a couch on your left side with your knees bent. For your comfort and reassurance, a trained nurse will stay with you throughout the procedure.

Dr Corbett offers flexible sigmoidoscopy procedures with either an injection of sedative medication or using Entonox (known as "gas and air"). The sedative medication will make you feel more relaxed during the procedure, and sometimes will allow you to sleep, however it also means you cannot drive or work for 24 hours after the injection. Entonox provides patient

controlled pain relief (you breath the gas when needed) and has completely left your system 30 minutes after the last breath. It is entirely your choice which to use.

If you choose the sedative, we will give you oxygen through a facemask and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. The sedative will make you relaxed and drowsy; it will not put you to sleep.

If you choose the Entonox you will be given the Entonox mouth piece and shown how to use it when needed during the procedure.

The colonoscope will then be guided through your anus into your colon, usually as far as section of the colon called the splenic flexure. During the procedure, air is passed into your colon to give a clear view of its lining. You may experience some wind-like pains, but they should not last long. At this time, you might feel as if you need to go to the toilet. This is a perfectly natural reaction but as the bowel will be empty, there is no need to worry. There may be periods of discomfort as the tube goes around bends in the bowel. If you find the procedure more uncomfortable than you would like, please let the nurse know and we will give you some more sedative or pain relief. In order to make the procedure easier you may be asked to change position (for example roll onto your back). However if you make it clear that you are too uncomfortable we will stop the procedure.

Potential Risks

Flexible sigmoidoscopy procedures carry a small risk (one in 10000 cases) of bleeding or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. On very rare occasions, this may require an operation which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces).

Removing a polyp can sometimes cause bleeding although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home and, even more rarely, some of these people may need a blood transfusion. Another rare complication is an adverse reaction to the intravenous sedative and pain relief medication.

Like all tests, this procedure will not always show up all abnormalities and, on very rare occasions, a significant abnormality may not be identified. If you have any questions about this please ask either at the time of the procedure or at your next appointment with Dr Corbett.

After the procedure

Following the flexible sigmoidoscopy, we will take you to a recovery area while the sedation wears off. When you are sufficiently awake, we will give you a drink before you get dressed. You can then go home; this may be up to an hour following the procedure.

If you have had a sedative injection you should not drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period after the procedure. You should also have a responsible adult stay with you for the next 12 hours. You can eat and drink as normal. You may feel bloated and have some wind-like pains if some of the air remains in your bowel; these usually settle down quickly.

Dr Corbett would then like you to make a follow up appointment with the hospital to see him to discuss the results. If there is anything that needs immediate attention, you will be contacted.

Oral Bowel Preparation Patient Instructions – Afternoon Appointment

Dr Corbett would like you to have a flexible sigmoidoscopy and for this you need a clear bowel.

These instructions are only relevant if you have been asked to take oral bowel preparation. They do not apply if you have been asked to have an enema prior to your procedure.

Please follow the advice on this leaflet carefully to ensure the best results.

When taking these preparations some intestinal cramping is normal. If you feel clammy and faint or if you vomit please take no more preparation and ring the contact details above or your own GP or nearest health provider for advice.

Dr Corbett has specifically prescribed this bowel preparation for you – follow the instructions carefully to ensure a good result. Legally we must enclose the pharmaceutical leaflets; we are aware that the above instructions may seem to be in conflict with these, but the Dr Corbett considers this the best bowel preparation for you at this time.

7 days before taking the preparation

If you take iron tablets or medication to control diarrhoea please stop taking them until after your examination. You should continue to take any other medication including medication for high blood pressure / cardiac conditions.

3 days before taking the preparation

You may eat your normal meals for the whole 3 days, but avoid high- fibre foods such as fruit, vegetables, wholemeal bread and all bran (see list below)

You May Eat	You Should Avoid
Cereals: Cornflakes, Rice, Rice Krispies, Ricicles, Sugar Puffs and Coco Pops	Wheat bran, All Bran, Weetabix, Shredded Wheat, oat bran, bran flakes, wheat flakes, muesli, Ready-Brek, porridge.
White bread (you may use butter / margarine)	Wholemeal, high-fibre white, soft grain or granary bread, oatbread
White pasta, white rice	Wholemeal pasta, brown rice
White flour	Wholemeal or granary flour, wheatgerm
Potatoes (no skin)	Fruit and vegetables
Savouries: Chicken, turkey, fish, cheese & eggs	All red meat
Puddings, pastries, cakes. Milk puddings, mousse, jelly (not red) sponge cakes, Madeira cakes rich tea, wafer biscuits	Those containing wholemeal flour, oatmeal, nuts, dried fruit, fruit cake, Ryvita, digestives or hobnob biscuits
Preserve and sweets: Sugar, jelly jam, jelly marmalade, honey, syrup, lemon curd	Jam or marmalade with pips, skins and seeds, sweets and chocolate containing nuts / fruit, muesli bars
Soup: Clear or sieved soups	Chunky vegetable, lentil or bean soups
Miscellaneous: salt, pepper, vinegar, mustard, salad cream, mayonnaise	Nuts, Quorn, fresh ground peppercorns, hummus, anything containing seeds

The day before the procedure:

07:00 am Eat breakfast avoiding food containing nuts, seeds or fruit

12:00 pm Eat a light lunch, for example soup, sandwich or omelette.

DO NOT EAT ANY MORE SOLID FOOD UNTIL AFTER YOUR PROCEDURE

2:00 pm Start your bowel preparation by taking the 5 senna tablets.

5:00 pm Pour 200ml / 8 Fl Oz of hot water into a large jug and add 1 sachet of CITRAMAG, the solution will fizz up. Stir thoroughly and allow to cool for about 30 min before drinking ALL the solution. Continue to drink as much clear fluid as possible.

7:00 pm Dissolve half the second sachet as above and drink all the solution.

You will begin to pass frequent loose motions, please stay near a toilet at this time.

The morning of your procedure

9:00 am Dissolve the remaining half sachet and drink as above. Fluids only should be taken this morning.

You should continue to drink fluids up until your appointment.

Acceptable fluids include:

1. Water / flavoured water
2. Clear soup, for example Consommé that contains no solids.
3. Fruit juice without pulp, for example orange or lemon squash that is diluted (not red or purple in colour)
4. Clear fizzy drinks, for example lemonade, Lucozade, tonic water, cream soda, soda water
5. Bovril / Oxo
6. Lime cordial
7. Herbal teas (no milk)
8. Clear apple juice or white grape juice
9. Jelly (without fruit pieces)

You may find that a small amount of Vaseline / Sudocrem to your back passage (anus) prevents discomfort during the bowel preparation.

Important Information About Fees – Flexible Sigmoidoscopy

Thank you for coming to see me at NUFFIELD CAMBRIDGE for an outpatient consultation. This letter sets out some important information that I am required by law, as set out by the Competition Markets Authority (CMA) to provide to you if you are to have any further tests or treatment. Please note that even if someone else is paying your bill or you have private medical insurance, you are responsible for paying any charges which they do not pay. This letter is for your information only and is not a bill.

During our consultation, I recommended you have a flexible sigmoidoscopy to further investigate your symptoms.

Insured Patients

If you have health insurance you will have to notify your insurance company that I have recommended this procedure and they will be required a code for this.

The code for flexible sigmoidoscopy is H2502.

Please contact your provider to confirm they will cover you for this procedure, if they do not you will be liable for any costs.

Self-Funding Patients

If you are self-funding the consultant fee is £250 for the procedure. The Nuffield Hospital Cambridge also requires me to include a follow up consultation fee in the total fee. The fee for a follow up consultation is £150.

The Nuffield Hospital Cambridge will also charge a hospital fee for the colonoscopy and you will receive a quotation from them for this. For information on the hospital fees relating to the tests undertaken by them please contact the hospital administration team using the details below:

Nuffield Business Office Cambridge 01223 370972 or email
Cambridge.businessoffice@nuffieldhealth.com

Additional Information About Fees

Please note the fees that have been described above are my consultant fee and does not include:

Hospital fee – for information on the Nuffield fee relating to your treatment, please contact the hospital administration team details above.

Anaesthetist fee – will be involved in your care. For information on their fees, please contact their secretary for self-funding and your provider if you are insured.

Please be aware that all treatment carries risks and unforeseen complications are possible which may, for example, require further treatment or a longer than anticipated stay in hospital. I have not included the costs associated with such additional care in the estimate provided above.

Quality Information

You can compare independent information about the quality of private treatment offered at the hospital and other private healthcare providers from the Private Healthcare Information Network (PHIN) website: www.phin.org.uk.