Flexible Sigmoidoscopy using Picolax

You must read this booklet at least seven days before your test

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What is a flexible sigmoidoscopy?
An endoscopy is a procedure where the inside of the body is examined using a flexible tube with a light source and a camera at the end, called an endoscope. A sigmoidoscopy is an endoscopic procedure where the tube is passed through the anus into the rectum and through the lower sections of the colon, called the sigmoid and descending colon. Pictures are transmitted to a TV screen, enabling the endoscopist to look at the lining of this part of the lower gastro-intestinal (GI) tract.

Why is it necessary?
The procedure is done to help your doctor make a diagnosis or exclude serious problems. Samples (biopsies) and photos are often taken to help with this. Therapeutic procedures such as removing polyps (little growths in the bowel) which can grow into cancers can also be performed.
What are the risks?
A sigmoidoscopy is a very safe procedure but like any invasive test there are risks. Your doctor will have weighed up the risks against the benefits before requesting one.

There is a small risk of bleeding if samples are taken and an extremely small risk of causing a tear. If a polyp is removed there is an increased risk of bleeding and a greater chance of a tear but the combined risk of these is still only about 1 in 50 cases or 2%.

Bleeding normally settles on its own but if it does not you may need to be admitted to hospital and have a blood transfusion. If the endoscopist is worried about a tear, you will be admitted and have a scan. In very rare cases an operation may be required to deal with a complication.

Will it hurt?
It can be uncomfortable but is rarely painful. If you find it painful you can be given gas and air (Entonox). If you are having a therapeutic procedure which may last longer, you may be offered conscious sedation (see page 7).

Is there an alternative?
No other type of test allows direct views of this part of the lower GI tract, the ability to take samples and remove polyps.
How long does the procedure last?
If you are having a diagnostic procedure the endoscope is rarely inside for more than 10 minutes but if you are having a therapeutic procedure it can take longer, but rarely more than 45 minutes.

What arrangements do I need to make?
If you are having a therapeutic procedure and you think you may require sedation, you should arrange for somebody to take you home after the procedure and to stay to supervise you for 12 hours. This is to ensure that you have recovered from the sedation and to help you deal with a complication if one occurs after you have left the hospital. This is for your own safety.

What if I live alone?
If you live alone and are unable to arrange for someone to collect you or stay after the test, please inform the bookings team on 01206 742656 as soon as you receive your appointment. It may be possible to arrange a hospital bed but this is complicated and cannot be guaranteed until the day of the procedure, after you have already taken the bowel prep.

Preparing yourself for your flexible sigmoidoscopy
Whilst diagnostic flexible sigmoidoscopies can be performed after giving an enema, your doctor has requested you are given full bowel preparation. This is usually because a previous attempt using an enema has failed or because a therapeutic procedure is planned.

The following steps are necessary to ensure your colon is sufficiently clean so the endoscopist can see everything clearly. Poor bowel preparation can result in a longer, more uncomfortable procedure, missed diagnoses and sometimes results in a repeat examination being necessary.

Seven days before your flexible sigmoidoscopy
STOP taking iron supplements, bulking agents such as natural bran, Fybrogel and Regulan but continue all other medications. If you take a blood thinning drug from the list below please read the information on page 9.

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Four days before your flexible sigmoidoscopy
STOP taking any constipating agents (Immodium, loperamide and Lomotil). Try to minimise the amount of constipating painkillers you take (codeine phosphate, Tramadol, morphine and oxycontin) but continue all other medication as usual.
Two days before your flexible sigmoidoscopy

You need to change your diet. Please read the following advice on food and drink you can and cannot have before your flexible sigmoidoscopy.

**Dietary changes**

Eat small amounts of these allowed foods:
- eggs
- white bread or toast with margarine
- water biscuits, cream crackers or rich tea biscuits
- boiled or mashed potatoes or chips
- plain boiled white rice, pasta or noodles
- boiled or steamed white fish or chicken
- gravy, using stock cubes made with water only
- clear jelly (no red jelly).

Do not eat
- breakfast cereals
- butter, yoghurt, cheese or ice cream
- any type of fruit, vegetables or salad
- red meat and pink fish
- pies, pasties or sausage rolls
- pulses, beans or lentils including baked beans
- nuts and seeds or bread containing nuts and seeds.

Drink 2-3 litres of fluid each day from the following list until after your procedure:
- all types of water (squash/cordial can be added)
- Lucozade and any other 'sport drinks'
- fizzy drinks
- hot honey and lemon
- black tea and coffee (sugar allowed)
- Bovril or Oxo.

Do not drink
- smoothies made with fruit or vegetables
- milk or milkshakes.

Continue your remaining regular medications.

**Bowel-cleansing with Picolax**

The day before your flexible sigmoidoscopy

You need to start your Picolax.

Please read the information leaflet about Picolax, which comes in the packet. It lists situations when you should not take it and the side effects. There is a risk of developing dehydration, low blood pressure or kidney problems with this medication, so please drink lots of liquids.
To minimise this risk STOP taking anti-inflammatory painkillers (ibuprofen, diclofenac, naproxen, meloxicam). These can be restarted 72 hours after the procedure. Also STOP taking any diuretic medications (furosemide, amiloride, spironolactone, co-amilo fruse, benfroflumethazide), which can be restarted the day after the procedure.

Continue your remaining regular medications but take them either two hours before or six hours after taking the Picolax, as they may be flushed through your system and not absorbed. If you are on the contraceptive pill please use alternative precautions for a week after the procedure.

If you are a patient with diabetes, please read the information on page 8.

Picolax is meant to speed up your bowel movements and give you diarrhoea, so it is advisable not to leave the house and stay close to the toilet. If you suffer with a tendency to constipation it can take a while to work, so we recommend taking the Picolax two hours earlier than the times listed below. Please consider using a barrier cream, such as Sudocrem zinc and castor oil cream on your bottom to prevent soreness.

If your appointment is before midday the next day

**Before 10am** – eat breakfast from the list on page 4.

After breakfast drink a cup or glass (250ml) of fluid from the list every hour throughout the day. You should aim to drink at least three litres of fluids in total.

**12pm** – dissolve the contents of one sachet of Picolax in 150ml (a small glass) of cold water and stir well for a couple of minutes. Placing it in the fridge and adding lemon cordial can make it more tolerable to drink. The solution may become hot, so wait until it cools before drinking it.

After starting the Picolax do not eat solid food. You can eat the following sweets to keep your energy levels up: Jelly Babies, Fruit Pastels, wine gums, Foxes Glacier Fruits and mints, including Polos.

**6pm** – take the second sachet of Picolax.

After you have finished do not eat any solid food and continue drinking liquids.

For some patients the Picolax takes a while to work, so your sleep may be disturbed.

On the day of your procedure stop drinking liquids two hours before your appointment.

If you think you are having a side effect (nausea, vomiting, abdominal pain) or an allergic reaction (a rash, feeling itchy, redness and swelling), please call 01206 742083.

If your appointment is after midday the next day

**Before 10am** – eat breakfast from the list on page 4.

After breakfast drink a cup or glass (250ml) of fluid from the list every hour throughout the day. You should aim to drink at least three litres of fluids in total.
Before 1pm – eat lunch from the list of allowed foods.

Before 4pm – have a small snack from the list.

6pm – dissolve the contents of one sachet of Picolax in 150ml (a small glass) of cold water and stir well for a couple of minutes. Placing it in the fridge and adding lemon cordial can make it more tolerable to drink. The solution may become hot, so wait until it cools before drinking it.

After starting the Picolax do not eat solid food. You can eat the following sweets to keep your energy levels up: (Jelly Babies, Fruit Pastels, wine gums, Foxes glacier fruits and mints, including Polos. Continue drinking liquids frequently until you go to bed.

7am on the day of your procedure – take the second sachet of Picolax.

After you have finished do not eat any solid food and continue drinking liquids frequently.

Stop drinking liquids two hours before your appointment.

If you think you are having a side effect (nausea, vomiting, abdominal pain) or an allergic reaction (a rash, feeling itchy), please call 01206 742083.

On the day of your test

What shall I bring?
- your appointment letter
- a list of your regular medications
- your insulin (if you are diabetic)
- information about any pacemaker/defibrillator you have
- something to keep yourself occupied whilst you wait

Please remove nail varnish, jewellery (including piercings) and lipstick before coming to hospital. As there is no safe place to store valuables whilst you are having your procedure we suggest you leave these at home or with your friend/relative.

Where do I come?
Report to reception at the Elmstead Day Unit (situated at the rear of the hospital – see map at the end of this leaflet).

Your family or friends can drop you off but there is no parking except for disabled badge holders. If you are planning to drive, please use one of the visitor car parks situated at the front of the hospital (bring change for the machine as you may need to park for several hours). If you think you may need sedation, we recommend you make arrangements to be dropped off and collected, because you will be unable to drive.

What if I need help with transport?
If you are unable to get to the hospital and require help, please contact your GP to arrange transport. Please emphasise that this is a day case procedure rather than an outpatient appointment and that you will be at the hospital for several hours.
What will happen when I arrive?
You will be asked to sit and wait until a nurse is available to take you through to the admission area. Every effort is made to ensure that your wait is as short as possible but delays can happen if emergency cases have to be prioritised and earlier procedures take longer than expected. Under these circumstances you may have to wait 1-2 hours before you are admitted.

During the admission process the nurse will take some details (personal information, medications, allergies and medical problems etc.) Either the nurse or an endoscopist will explain the procedure (risks and benefits) and ask you to sign a consent form.

Once admitted you will be taken to a bed space as soon as one becomes available and, if you are having a therapeutic procedure, a nurse will insert a cannula (small plastic tube) into a vein.

You will be asked to undress from the waist down and given a pair of dignity shorts to wear instead of your underwear, and a gown (please do not wear an underwire bra). If you feel the cold we recommend you bring a dressing gown and slippers to wear over the gown while waiting.

What will happen in the procedure room?
A few checks need to be done before the procedure is started and you will be introduced to the endoscopist and the nurses in the room. You will be made comfortable, lying on your left side with your knees pulled up towards your chest before the test is started.

Conscious sedation
If you are having a therapeutic procedure your endoscopist may offer you sedation. Two types of intravenous medication are often used to relax you and reduce the discomfort. It is not the same as a general anaesthetic, as the intention is not to put you to sleep. This is called conscious sedation.

One drug (a bit like morphine) helps with pain and the other called midazolam (a bit like Valium) helps to relax you. The drugs can make you feel sleepy and the midazolam can affect your recollection of the procedure.

Although you may feel alert after the procedure the effects of sedation can last for up to 24 hours. During this time do not:
- drink alcohol
- operate machinery
- drive
- sign any legally binding documents.

If you are given sedation you should arrange for somebody to take you home after the procedure and to stay to supervise you for 12 hours.

What happens after the procedure?
You will be given time to rest and recover back on the ward and once dressed you will be given something to eat and drink. A nurse will then phone your friend or relative to come to collect you.
How long will I be at the hospital?
Whilst the endoscope is not inside you for long, the whole process can take several hours. You may have to wait a while before you are admitted and if you have been given sedation it can take a while for you to recover before you are stable enough to leave the department.

When do I get the results?
The endoscopist may explain the findings in the procedure room. If not a nurse will give you the report and go through it before you leave. A report will also be sent to your GP and the doctor who requested the test.

If samples have been taken, these will be sent to the pathology laboratory. The clinician requesting the procedure should be able to access the results on an urgent sample after a week but for non-urgent samples it may take several weeks.

Friends and relatives
Friends and relatives are not allowed beyond reception in the endoscopy department unless they are needed to help care or communicate with patients. We recommend they leave a contact number so we can call them when you are ready to leave, as you will be in department for several hours.

Information for patients with diabetes
You will need to stop some of your diabetic medication before the procedure as you will be changing your diet and missing some meals. If you test your blood glucose levels it is a good idea to do this more regularly before the colonoscopy (before a meal, before you go to bed and first thing in the morning).

If you take insulin you should have been given a morning appointment – if you have been given an afternoon appointment please phone the bookings team on 01206 742656 as soon as you receive your appointment to ensure this is changed.

If you take tablets for diabetes
Stop taking your diabetic tablets when you stop eating the day before the test. If you take them more than once a day, you can restart them on the evening of the procedure, once you have started eating and drinking.

If you take insulin for diabetes
If you take a long acting insulin (Lantus/Glargine, Levemir/Detemir, Insulatard, Humulin I), continue this as normal.

If you take insulin twice a day (Novomix 30, Humulin M3, Humalog Mix 25, Humalog Mix 50), take half the normal dose the day before and the morning of the procedure. Restart your normal dose when you start eating after the procedure.

If you take a short acting insulin with meals (Novorapid/Aspart, Humalog/Lispro), take half the normal dose when you are on a reduced diet the day before the procedure and miss this out when you miss a meal.
General advice
If you start to feel symptoms of a hypo (low blood sugar) such as sweating, dizziness, blurred vision or shaking, please test your blood sugar if possible. If less than 4 mmol/L, take 4 glucose tablets or 150ml of Lucozade or 4 teaspoons of sugar mixed with 150ml of water. Your blood sugar will be checked when you are admitted to the unit to make sure it is safe to go ahead with the procedure.

As you will have missed some of your diabetic medication you may get high blood sugars after the test but these should return to normal after a couple of days. If your sugars are high please keep drinking fluids so that you do not get dehydrated.

If you have recently been admitted to hospital because of unstable blood sugars or are unsure what to do, please phone the Diabetes Specialist Nurse: 01206 742159.

Remember to bring your insulin with you to the hospital.

Blood thinning drugs
Aspirin Clopidogrel Warfarin
Prasugrel (Efient) Ticagrelor (Brilique) Dabigatran (Pradaxa)
Rivaroxaban (Xarelto) Apixiban (Eliquis) Edoxaban (Lixiana)

These medications increase the risk of bleeding. They are commonly prescribed if you have or are at risk of heart problems, strokes, blood clots or other vascular problems.

Diagnostic procedures
It is safe to have a diagnostic flexible sigmoidoscopy and take samples whilst you are on a blood thinning drug but it is not safe to perform therapeutic procedures, such as removing polyps. If these are found during a diagnostic procedure, the procedure may need to be repeated.

If you take warfarin check your INR a week before the procedure. If it is above the therapeutic range contact the referring clinician for advice. Your INR will be checked on the day of the procedure to ensure taking samples is still safe.

If you take a combination of blood thinning drugs contact the referring clinician to ask for advice, as the risk of bleeding increases and this must be balanced against the risk of stopping one of your blood thinning drugs.

If you take Rivaroxaban, Apixaban, Edoxaban or Dabigatran, omit these on the day of the procedure to minimise the risk of bleeding if samples are taken.

Therapeutic procedures
If a therapeutic procedure may be required, such as a polypectomy, you will need to stop your blood thinning drugs for longer. Please read the advice below about when to stop.

Aspirin - stop this three days before the procedure if you have been told to do so (often it is safe to continue).
Clopidogrel, Prasugrel and Ticagrelor – stop five days before UNLESS you have had an angiogram where a stent has been placed in your heart within the last year. If so, please contact the referring clinician for advice.

Warfarin – stop five days before.

In certain circumstances you will need to take a heparin injection two days before the procedure and afterwards to protect against clots whilst you are off warfarin. (This is required if you have atrial fibrillation, a prosthetic heart valve or mitral stenosis, a metallic mitral valve, a thrombosis in the last three months or are at a high risk of stroke.) Please contact the referring clinician or your GP to arrange this.

Rivaroxaban, Apixaban, Edoxaban or Dabigatran – stop 48 hours before your procedure. (If you have kidney failure your doctor may advise you to stop Dabigatran for 72 hours).

If you take a combination of blood thinning drugs contact the referring clinician to ask for advice, as the risk of bleeding increases and this must be balanced against the risk of stopping your blood thinning drugs.

Who to contact for help and advice
For questions relating to your appointment please, contact the bookings team by phone on 01206 742656 or by email: endopatientbookings@nhs.net

If you have diabetes and have questions about your medications not addressed above, please phone the Diabetes Specialist Nurse: 01206 742159.

If you have questions about blood thinning drugs or are concerned that you should not be taking the bowel prep due to a pre-existing medical condition, please phone the secretary of the referring clinician (listed on the appointment letter) via the hospital switchboard on 01206 747474.

Verifying your identity
When you attend hospital you will be asked to confirm your first and last names, date of birth, postcode and NHS number if you know it, and to let us know if you have any allergies.

Comments, compliments or complaints about your care
Please raise any concerns in the ward or department you are in. Ask to speak with the ward sister, matron or department manager. If your concerns cannot be resolved or you wish to make a formal complaint, please call PALS (Patient Advice & Liaison Service) on 0800 783 7328, pick up a PALS leaflet or visit http://www.colchesterhospital.nhs.uk/pals.shtml
Your views
If you or a family member has recently been in Colchester General Hospital, you can tell us about your experience by searching for ‘Colchester’ on the NHS Choices website (www.nhs.uk), by writing to the address on the front of this leaflet, by emailing your comments to info@colchesterhospital.nhs.uk or by filling in a ‘Friends & Family’ questionnaire at the hospital.

Map of Colchester General Hospital