



# Flexible Sigmoidoscopy

## Information and Preparation

### Flexible Sigmoidoscopy Information and Preparation

\*\*If for any reason you need to cancel your scheduled appointment Barrie Endoscopy requires a minimum of 5 business days' notice. Failure to comply will result in a \$250.00 charge. Patients will not be able to reschedule an appointment until all outstanding fees have been paid. \*\*

#### **About Sigmoidoscopy:**

A flexible sigmoidoscopy is an endoscopic examination of the distal portion of the large bowel, rectum and sigmoid colon. The endoscope is flexible and about the size of a finger, with a light source and camera on the end that transmits an image to a video screen that can be seen by the physician. The endoscope is slowly advanced into the bowel so that the lining can be carefully examined.

#### **Preparation for Sigmoidoscopy:**

In order to receive a sigmoidoscopy the bottom end of the bowel must be clean. This is achieved by administering 2 small enemas prior to the procedure (follow instruction of how to administer sigmoidoscopy prep on next page). You must pick up these Fleet Enemas at your local pharmacy. It is imperative that you eat no solids from midnight onwards the night before your procedure, and you have nothing by mouth (including water) 3 hours prior to your scheduled appointment.

#### **After your Procedure:**

As this procedure is being performed under sedation by anesthesia, you must arrange to have a driver to take you home. After your procedure is completed and you are again fully awake, your physician will speak to both yourself and your driver regarding what he/she has found during your procedure and plans for future investigations, treatment or follow up.

Immediately upon your discharge from Barrie Endoscopy you can resume a normal diet and normal activity. You will not be able to drive until 6:00 am the following morning, as you are considered legally impaired from the effects of the sedative medication. Lastly you are advised not to drink any alcohol for 24 hours post procedure.

#### **Risks:**

Flexible sigmoidoscopy is an extremely safe endoscopic procedure. Like with all endoscopy procedures there are risks, but for sigmoidoscopy these are very low. You will be asked to sign a consent form prior to your procedure. If you have further questions about the procedure you will have to opportunity to ask your endoscopist prior to your procedure.

## **Instructions for Taking Sigmoidoscopy Preparation**

Please follow these instructions carefully so you will be prepared for your test.

### **About 2 hours before coming to Barrie Endoscopy.**

- Heat two fleet enemas in warm, not hot water
- Remove the cover from the nozzle
- Lie on your left side with your knees bent and gently insert the nozzle into your rectum
- Squeeze the container slowly until all the fluid has been given
- Try to hold the first enema for approximately five (5) minutes, then evacuate your bowels
- Repeat the procedure, retaining the fluid as long as you can until you are unable to wait any longer
- With this procedure you may experience some lower abdominal cramping. This is normal.
- Come to the Barrie Endoscopy for your scheduled arrival time.



# **Flexible Sigmoidoscopy**

## **Consent Form**

**PLEASE READ, SIGN AND DATE THIS FORM WITH A WITNESS BEFORE ARRIVING TO BARRIE ENDOSCOPY FOR YOUR PROCEDURE. IF YOU HAVE FURTHER QUESTIONS, PLEASE SPEAK WITH THE NURSE WHEN YOU ARRIVE.**

### **CONSENT**

I have read the above provided information pertaining to the flexible sigmoidoscopy, and understood it adequately. I understand the risks associated with the procedure, and the administration of anesthetic drugs, including the risks of perforation, bleeding, infection, subsequent surgery, and reactions to the medications used. I have had adequate opportunity to ask any and all question about this procedure.

I authorize Dr. \_\_\_\_\_ To perform the procedure on myself.

Patient (or guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Patient Questionnaire

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ OHIP#: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

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### Gastro-Intestinal Symptoms (please check all that apply)

<input type="checkbox"/> Rectal Bleeding	<input type="checkbox"/> Reflux	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Anemia	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Constipation	<input type="checkbox"/> Indigestion	<input type="checkbox"/> Trouble Swallowing	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> Other (describe): _____				

**Family History:** *Any relatives with a history of bowel cancer, polyps, stomach cancer? List relationship diagnosis, age at diagnosis:*

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**Surgical History** *(procedure and Date):*

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**Current Medications** (*name & dosage & when taken*):

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**Medication Allergies** (*Name and reaction*):

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**Do you smoke?**  Yes  No How many years? \_\_\_\_\_ How many packs per day (=20cigarettes)?

**Recreational Drug Use?**  Yes  No **What Kind?** \_\_\_\_\_

**Alcohol Consumption:** How many drinks per day? \_\_\_\_\_ How many drinks per week?

**Anesthetic Issues:** Have you ever had a general anesthetic before (fully asleep)?  Yes  No

Have you ever had any problems with anesthesia? If so please describe: \_\_\_\_\_

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Any Family History of Anesthesia Problems? If so please describe:

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