



UMC Utrecht

# Sigmoidoscopy

**Internal examination of the colon**





# Introduction

You have a appointment for a sigmoidoscopy coming up. This is an internal examination of the lower part of the colon. In this brochure, you will find important information about this examination and how you can prepare for it.

## Important

- From three days before the examination, there are some foods you may not eat. You can read more information about this dietary advice on page 2.
- If you use blood thinners, it is important to thoroughly read the information about this on page 5 and consult with your physician.
- For this examination, you need to purge your bowels. How to do so is explained on page 4.
- During this examination, you may be given a mild sedative. Your physician will discuss this with you. If you choose to have a sedative, you won't be allowed to go home unaccompanied.
- The person accompanying you can sit in the waiting room but cannot be present during the examination.
- Ill or unable to attend? Let us know as soon as possible by calling 088 75 573 66.
- Contact your physician if you:
  - are allergic to certain medicines.
  - are or may be pregnant.
  - suffer from a disorder of the heart and/or lungs.

## Questions?

If you have any questions after reading this leaflet, don't hesitate to call us on the following number: 088 75 573 66. We are available on weekdays between 8:00 a.m. and 5:00 p.m.

# Purpose of the examination

In this examination, the physician will assess the lining of the lower part of the colon (the sigmoid). If necessary, the physician may remove small pieces of tissue (biopsies) for microscopic examination. The physician may also perform a procedure such as the removal of a polyp.

## **Duration of the examination**

The examination lasts about 20 minutes.

# Preparation

For a sigmoidoscopy, your colon needs to be properly clean. This means that it no longer contains food residues and feces. The physician can then properly examine the intestinal wall and discover any abnormalities.

If your colon is not clean (enough) on the day of the examination, it may be that the sigmoidoscopy cannot go ahead.

It is therefore important that you read through the following instructions carefully, so that you are properly prepared.

## **Dietary advice**

### **Three days before the examination**

Start on a low-fiber diet. This means you may not eat products that contain seeds or pips, such as tomatoes, kiwi fruit and wholegrain bread.

## **One day before the examination**

On the day before the examination, you continue to follow a low-fiber diet. In addition, you may not consume any dairy products.

Breakfast: low-fiber breakfast

Lunch 1 dish of apple sauce or vegetable soup without meat and  
1 glass of fluid; see below for a list of permitted beverages

Between 1:00 p.m. and 10:00 p.m. Drink a glass of fluid every hour,  
see below for a list of permitted beverages

3:00 p.m. Take X-Praep® (sennosides), in accordance with the instructions  
later on in this leaflet

5:00 p.m. 1 dish of apple sauce or broth and 1 glass of fluid from the list  
of permitted beverages

## **Permitted beverages**

- Apple juice
- Grape juice
- Blackcurrant juice
- Roosvicee
- Juice drinks
- Coffee/tea (with only a little sugar and no milk)
- Water
- Broth

## **The day of the examination**

You may not eat, drink or smoke for six hours before the examination.

If your appointment is after 2:00 p.m., you can take a light breakfast, at least 6 hours before the examination:

Light breakfast, consisting of a plain crispbake with butter and jam or honey and a cup of tea or water.

## Purging your bowels

It is important that the intestines are properly clean. In order to clean your colon, you start purging your bowels on the day before the examination with X-Praep® (sennosides). On the day of the examination, you take a Colex klyisma® (enema).

### Purging your bowels with X-Praep® (sennosides)

X-Praep® (sennosides) is a plant-based laxative consisting of plum syrup to which a number of active ingredients have been added. When using X-Praep® (sennosides), milk products and carbonated beverages are not permitted. In this section you will find the preparation schedule.

### Warning

- Diabetes patients must make allowance for the sugar content of X-Praep® (sennosides), i.e. 0.66 grams/ml (50 grams per 75 ml).
- When using X-Praep® (sennosides), a red discoloration of the urine may occur. This is normal and nothing to worry about.

### How much X-Praep® (sennosides), should you take?

Take the number of ml of X-Praep® (sennosides) that corresponds to your weight, up to a maximum of 75 ml.

For example: you weigh 60 kg -> 60 ml X-Praep® (sennosides)  
you weigh 70 kg -> 70 ml X-Praep® (sennosides)  
you weigh 90 kg -> 75 ml X-Praep® (sennosides)  
you weigh 100 kg -> 75 ml X-Praep® (sennosides)

### When you should take X-Praep® (sennosides)

Take the X-Praep® (sennosides) at 3:00 p.m. on the day before the examination. Drink the liquid in one go.

For the medication to work properly, you must drink a glass of fluid every hour between 1:00 p.m. and 10:00 p.m. (see the list of permitted beverages on page 3).

It takes effect after a few hours. You may then experience abdominal cramps (possibly severe).

## **Purging your bowels with Colex klyisma® (enema)**

The second part of the preparation for a sigmoidoscopy consists of using a Colex klyisma® (enema). You need to use the enema 1 to 2 hours before the sigmoidoscopy.

### **How to use Colex klyisma® (enema)**

- Place a towel on your bed.
- Remove the cap from the enema and moisten the spout with a little water.
- Lie down on the towel on your left side. In this position, the liquid will easily flow into the colon.
- Carefully insert the spout of the enema into the anus.
- Squeeze the bottle to empty it as far as possible; keeping the bottle squeezed, pull it back out. There will always be a little liquid left in the packaging. This is normal; the quantity inserted is sufficient to be effective.
- Remain lying on your left side for five to ten minutes. Then go to the toilet to get rid of the liquid and any feces.
- Once the liquid is gone, you won't have to worry about any fluid or stool loss during your trip to the hospital.

## **Medication**

It is important that you discuss with your physician what medications you are taking and whether you can continue to use them.

### **Blood thinners**

If you use blood thinners, in some cases, you may need to temporarily stop using the blood thinners before the sigmoidoscopy. **Always discuss this with the physician who requested the sigmoidoscopy.**

If you are known to the thrombosis department because you use **Sintrom®** (acenocoumarol) or **Marcoumar®** (phenprocoumon), you should not take this medication for four days before the examination. Discuss this with your physician, as it may be necessary to change the blood thinner.

If you are using **Ascal®** (calcium carbasalate) combined with **Plavix®** (clopidogrel), you need to stop taking Plavix® (clopidogrel) 1 week beforehand and continue with the Ascal® (calcium carbasalate).

If you are only using **Ascal**<sup>®</sup> (calcium carbasalate), **Plavix**<sup>®</sup> (clopidogrel) or **Persantin**<sup>®</sup> (dipyridamole), you can continue to use it as normal until the examination.

If you use blood thinners such as **Dabigatran**<sup>®</sup> (Pradaxa), **Rivaroxaban**<sup>®</sup> (Xarelto) or **Apixaban**<sup>®</sup> (Eliquis), please consult your physician to determine whether and, if so, when you should stop taking these medicines.

## Iron tablets

Iron tablets cause a black deposit on the inside of the intestine. As a result, the physician will not be able to properly assess the condition of the intestinal wall. For this reason, you must stop taking iron tablets 14 days before the sigmoidoscopy. After the intestinal examination, you can resume taking the iron tablets, unless the physician tells you otherwise.

## Diabetes medication

If you have diabetes mellitus and you use insulin, adjust your morning dose of insulin on the day of the examination in consultation with your physician.

If you are taking tablets, you may take the normal dosage the day before the examination.

On the day of the examination:

- No medication before the examination.
- After the examination, in case of 1x daily use, start with the next meal.
- If you use the medication 2, 3, or 4 times daily:  
resume your usual dose with your next meal.



# Sedation

You can choose to have a sedative during a sigmoidoscopy. This is also known as a hypnotic. We often also give analgesics.

The sedative is not an anesthetic. It makes you feel drowsy during the examination. The combination of the painkiller and the sedative reduces the pain and any tension.

The sedative and painkiller are administered through a needle in your arm. If you know from previous experience that inserting an IV needle is difficult, please let us know in good time.

## **No sedative**

It is also possible to have the examination without a sedative. Discuss your preference properly beforehand with the physician who is requesting the sigmoidoscopy. It is not possible to request a sedative on the day of the examination.

# During the sigmoidoscopy

## **The start of the sigmoidoscopy**

The nurse will collect you from the waiting room and take you to the preparation room. Here we will go through your details with you.

After undressing your lower half, you will lie down on the bed under a blanket. We will place your clothes in a locker. If you are having a sedative, we will insert an IV needle.

An endoscopy nurse will come and get you and take you to the examination room. The physician will ask you a number of questions, which we also refer to as a 'time-out'.

If you are having a sedative, we will measure your blood pressure, heart rate and oxygen level.

## **The insertion of the sigmoidoscope**

You lie on the treatment table on your left side with your knees raised. The physician will insert the sigmoidoscope (a thin flexible tube) through the anus to about 50 centimeters inside the colon. During the examination, air (carbon dioxide) will be blown into the intestine to widen it so that we can view it properly. You may find this causes an unpleasant sensation. It may give you intestinal cramps. You will probably also have to pass wind as a result. This is perfectly normal and is therefore nothing to be ashamed of. In fact, it usually helps the pain to subside. Don't hold the air in, because this can cause more painful abdominal cramps. If there is still moisture present in the colon, that be removed during the examination with a vacuum tube.

## **Viewing the colon**

After this, the sigmoidoscope is gradually withdrawn. During this phase, the physician will be examining the intestinal wall very closely. If he considers it necessary, the physician may remove a piece of tissue (a biopsy) or a polyp for microscopic examination. This is not painful.

## **After the examination**

After the examination, the nurse will take you to the recovery room, If you have been given a sedative, you will need to stay here to sleep for up to an hour. Once you are fully awake, you may eat and drink again. We will call the person who will be accompanying you after the examination to tell them when they can come and collect you.

You may not leave the ward without someone to accompany you.

If you have not had the sedative, you may leave the ward once you have received all the papers.

You will be given a discharge letter outlining what was found/done during the examination and what you need to do in the event of complications.

## **Driving and being accompanied after a sedative**

After receiving the sedative, you may not operate any vehicle (car, motorcycle, moped, bicycle) for the rest of the day. Even if you take a taxi or public transport to get home, you must be accompanied by a family member or a friend.

If there is no one available to take you home, you may not have a sedative. So we advise you to discuss a solution with the physician who requested the examination.

## **Possible complications**

A sigmoidoscopy is a safe procedure. However, complications can arise:

- In some cases, patients may suffer from abdominal pain in the days following the sigmoidoscopy. This is the case for 25% of patients. The abdominal pain will go away by itself after a few days. You should contact us if you also have a fever or if the abdominal pain is very severe.
- If biopsies or polyps have been removed, you may lose a little blood through the anus for a short time after the procedure. This is not serious, unless the bleeding intensifies. In that case, you should contact us. Bleeding can occur at the time of the examination but also up to 14 days afterwards.
- Very occasionally, a sigmoidoscopy can cause a hole in the intestinal wall (a perforation). The risk of a perforation increases if the intestinal wall is severely inflamed, if there are a lot of bulges (diverticula) or if a polyp is removed.
- In some cases, the sedative can cause breathing problems or heart disorders.

## **When to contact us**

If you experience severe abdominal pain, fever and significant blood loss, you should contact us. You can call the endoscopy department on 088 75 573 66 on workdays between 8:00 a.m. and 17:00 p.m. Outside of these times, please call the MDL (stomach, intestinal and liver diseases) ward on 088 75 562 22.






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