

Sigmoidoscopy

Introduction

This guide has been written to help you if you are waiting for a sigmoidoscopy. It explains what a sigmoidoscopy is and what it is used for. It also explains some of the things you can do to try to manage your symptoms while you are waiting for a sigmoidoscopy.

This guide has been prepared by national experts in sigmoidoscopy and reviewed by members of the British Society of Gastroenterology's endoscopy committee. It draws on the latest understanding about what can help people who are waiting for a sigmoidoscopy to manage their symptoms.

You can download and print this guide to share with family, friends and carers.

What is a sigmoidoscopy and what is it used for?

A flexible sigmoidoscopy is used to check the lower part of your large bowel. A long, thin, flexible tube with a small camera inside it is passed into your bottom. You'll be given a laxative, so your bowels are empty for the test.

For the vast majority of people, a sigmoidoscopy will not find anything to worry about. Many patients who are referred for sigmoidoscopy suffer from diarrhoea, belly pain, or rectal bleeding. Others may be on regular surveillance because of previous polyps or family history of bowel diseases or underlying long-term conditions such as inflammatory bowel disease and sigmoidoscopy may be requested to assess the severity of the disease. You may have been referred as you were found to have some abnormality in your poo or blood.

Waiting for your sigmoidoscopy

Hospitals are working incredibly hard in trying to meet the increased demands for sigmoidoscopies following the COVID-19 pandemic. However, a long wait can be very difficult. This guide has some information and advice that can help you manage your symptoms and prevent them getting worse while you are waiting.

If your symptoms have improved or have gone completely, please contact your doctor or care provider as you may no longer need a sigmoidoscopy.

What should I do if I believe my health is deteriorating?

It is important to be aware of symptoms that require urgent attention. If you develop any of the following symptoms while awaiting your test, **please make your doctor or care provider aware:**

- If you are over 40 years and have noticed weight loss that you can't find a reason along for, along with pain in the belly.
- If you are over 50 years and have noticed bleeding from your bottom.

Managing your symptoms while you are waiting

It can be very difficult if you are experiencing diarrhoea, belly pain, or rectal bleeding on a daily or a regular basis. There are some things you can try that can help to ease your symptoms while you wait for your test. These may also be things you can continue to do after your sigmoidoscopy to help you to manage your symptoms.

1. Careful meal planning

- **Certain food items can make your bowel symptoms worse.**
- Keep a food diary: if you have any foods that trigger symptoms, take a note of these and try to avoid them or reduce your intake.
- Fizzy drinks may contain sweeteners such as sorbitol that can cause diarrhoea.

2. Weight reduction - if you are overweight

- Being overweight or carrying additional weight can make your symptoms worse.
- Calculating your Body Mass index (BMI) can help you to identify if you are overweight. You can calculate your BMI using your height and weight measurements on a BMI calculator available at www.nhs.uk/live-well/healthy-weight/bmi-calculator. The ideal BMI is between 18.5 and 25.
- If you find out that you are overweight, you can find advice, information and support here to help you lose weight: <https://www.nhs.uk/better-health/lose-weight/>.
- Some other helpful tips for weight loss are:
 - Aim for regular meals, try not to skip breakfast and eat plenty of fruit and veg.
 - Aim for high fibre foods and use smaller plates.
 - Avoid stocking up on junk food. It is best not to 'ban' some foods completely as you will probably crave them.
- Regular exercise can help some bowel symptoms such as constipation. Where possible, increase your level of activity and drink lots of water.
- **Losing weight can be tough, but it can significantly improve gastrointestinal symptoms.**
- Pelvic floor exercises may help you to strengthen the muscles around the back passage if you experience incontinence: <https://www.nhs.uk/common-health-questions/womens-health/what-are-pelvic-floor-exercises/>.

3. Laxatives and stool (poo) softeners

- If you suffer from constipation, **please tell your doctor** as they may need to adjust your medications and bowel-cleansing dose for the sigmoidoscopy.
- There are some over the counter medications such as senna, lactulose and glycerol suppositories. **Speak to your pharmacist and/or your doctor** about these. They should be used with extreme caution and you should seek proper advice if you are considering using them just before your sigmoidoscopy.

4. Alcohol Reduction

- **If you drink alcohol, reducing how much you drink can help improve symptoms such as reflux, heartburn, indigestion, and stomach pains.**
- You can use an online tool to assess how many units of alcohol you currently drink at www.alcoholchange.org.uk/alcohol-facts/interactive-tools/unit-calculator.
- It is recommended that adults should not drink more than 14 units of alcohol per week. This is around six medium glasses of wine or six pints of beer. It is best to spread this drinking over three days or more during the week.

5. Stopping smoking
 - **Quitting smoking is one of the best things you can do for your health and may help to improve your gastrointestinal symptoms.**
 - You can find more information on www.nhs.uk/better-health/quit-smoking.
6. Stress Management
 - **High levels of stress can contribute to gastrointestinal symptoms.**
 - It is worth evaluating your stress levels to see if you can improve this area of your self-care. There are some very good tips on stress management available on www.patient.info/mental-health/stress-management.
 - Mindfulness is an approach that has some simple exercises that can really help to reduce stress, induce calm and improve wellbeing. There are some good resources available on:
www.nhs.uk/mental-health
www.padraigomorain.com
www.headspace.com
7. Understanding your condition
 - You may already have a known long-term condition. There is evidence to suggest that knowing as much as you can about your condition can lead to better health outcomes. Speak to your doctor or specialist nurses.
8. Piles (haemorrhoids)
 - Piles are lumps inside and around your bottom (anus) and are one of the most common findings on flexible sigmoidoscopy. They may cause fresh bleeding or an itchy bottom. Drink plenty of water and use a damp toilet paper or an ice pack towel to ease discomfort.

Medications

There are some medications that can cause or worsen gastrointestinal symptoms.

It is worth reviewing your medications with your doctor or pharmacist to identify if you are on any potentially problematic medication to see if it can be changed if necessary. Ensure you mention all your medications to your doctor, including the over-the-counter ones. This will help in treatment planning.

Medications that can cause or worsen gastrointestinal symptoms:

- Opioids (used for pain), antacids, proton pump inhibitors (used for acid reflux), colchicine (used for gout), metformin (used for diabetes), citalopram (used for depression) and bisphosphonates (used for osteoporosis).
- NSAIDs (Non-steroidal anti-inflammatory drugs) are a common cause of gastrointestinal symptoms. These are painkillers. Some NSAIDs require prescriptions, but others, like ibuprofen are available over the counter. **Speak to your doctor if you are currently prescribed these medications and try to avoid taking over the counter versions.**

Some medications prescribed by your doctor may cause diarrhoea, but they may be essential for you. **Do not stop them without speaking to your doctor.**

There are some medications that can help with gastrointestinal symptoms:

1. Anti-diarrhoeals

Imodium (Loperamide) is available over the counter. It can be used for quick and short-term relief of diarrhoea and is safe to use for a very short course and **should be stopped 4 days before your sigmoidoscopy.**

2. Antispasmodics

These are medications used to relieve spasms of the bowel and may help to reduce pain. These include buscopan, peppermint oil and mebeverine. Many are available over the counter. **You should talk to your pharmacist or doctor regarding the best dose for you.**

Taking your regular medications:

- Increasing your regular medications may sometimes help your symptoms in long term conditions. **However, you should not do this without speaking your doctor.**
- You may already be on medications used for long-term bowel conditions. There is research suggesting that failing to take prescribed medications increases the frequency of flare-ups. **Speak to your doctor or specialist nurse** who may be able to advise you of ways in which you can make sure you take your medications.
- A stoma is an opening on the abdomen to allow waste (urine or faeces) to be diverted out of your body. If you have a stoma, please speak to your stoma nurse or your doctor if you are waiting for a sigmoidoscopy.

Other ways to look after your health

Although you have been referred for a routine sigmoidoscopy, it is important that you participate in the national bowel cancer screening programme should you be invited to. Screening is a way of testing healthy people to see if they show any early signs of cancer. Further information can be found on the Bowel Cancer UK website: <https://www.bowelcanceruk.org.uk/about-bowel-cancer/screening/>.

Alternatives to sigmoidoscopy

Sigmoidoscopy has been considered as the best test for you based on your clinician's opinion. There may be other tests that could be considered as an alternative. However, there might be delays in getting these tests done too and they may not be the best test for you. Your clinician could advise you if you had any concerns and want to talk about alternatives.

Where can I find additional information?

For management of physical symptoms, there are some very good resources available online. These include:

www.nhs.uk/conditions

www.patient.co.uk

<https://gutscharity.org.uk/advice-and-information>

<https://crohnsandcolitis.org.uk>

<https://crohnsandcolitis.org.uk/info-support/support-for-you/find-an-ibd-nurse>

The authors of this guidance would like to thank the patients and service users who contributed to the development of this document.