



X-Plain Sigmoidoscopy Reference Summary

Introduction

Colon diseases are common. A sigmoidoscopy is a test that can help detect colon diseases.

If your doctor recommends that you have a sigmoidoscopy, the decision whether to have the procedure is also yours.

This reference summary will review the benefits and risks of a sigmoidoscopy.

Anatomy

The colon is the last section of the intestines and is also called the large intestine.

First, swallowed food goes through the esophagus, which is the feeding tube.

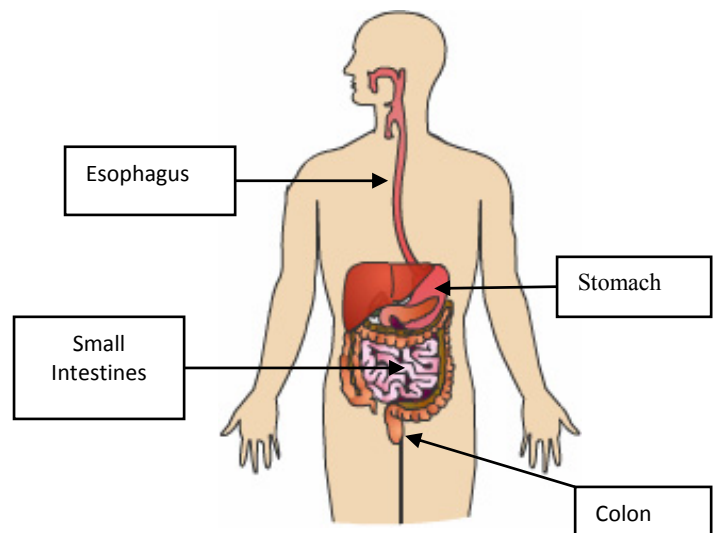
After passing through the esophagus, swallowed food travels to the stomach, where it gets digested.

Digested food moves from the stomach to the small intestine, where nutrients are further digested and absorbed.

Finally, after passing through the small intestine, fibers and digested food reach the colon, or the large intestine.

In the colon, more nutrients get absorbed and stools are formed.

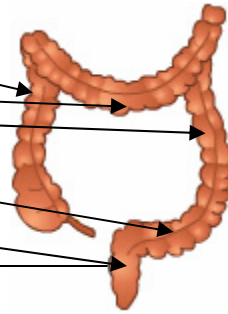
Stools are then stored in the end of the colon, called the sigmoid colon and rectum, before being excreted.



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The colon has several components:

- the ascending colon
- the transverse colon
- the descending colon
- the sigmoid colon
- the rectum
- the anus



Symptoms & Causes

The most common colon diseases are colon cancer, diverticulitis, and ulcerative colitis.

One person out of every 14 or 15 people will get colon cancer. If it is found before it grows very much, colon cancer can be cured. A sigmoidoscopy can help doctors find colon cancer early, before it spreads.

Diverticulitis is a disease that causes small pouches, called diverticulae, to develop in the colon. The pouches can get infected, which leads to serious medical problems.

Ulcerative colitis is when the colon becomes inflamed. It can lead to more serious problems, including bloody diarrhea.

A sigmoidoscopy is a simple procedure that helps doctors see inside the end of the colon using a special fiber optic scope that is about one foot long. The scope may be either stiff or flexible.



Before A Sigmoidoscopy

Before a sigmoidoscopy, the colon is thoroughly cleaned out so that the doctor can have the best view possible during the procedure.

Several days before a sigmoidoscopy, the patient must be restricted to a clear liquid diet, which causes very little stool to be formed.

The colon must be cleaned out even more by the patient by taking strong laxatives and enemas. The patient may also drink a gallon of a special cleansing solution the night before the sigmoidoscopy to “flush out” the colon.

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The patient should not eat or drink after midnight on the day before the procedure.

It is very important to follow instructions from the doctor in order to have a clean colon. The cleaner the colon is, the more successful a sigmoidoscopy is for finding abnormalities.

Rarely, a sigmoidoscopy has to be postponed if the doctor feels that the colon is not clean enough.

Procedure

A sigmoidoscopy is an outpatient procedure, which means the patient goes home the same day. The patient may need to have somebody drive him or her home.

A sigmoidoscopy is usually done while the patient is awake and alert; the patient is not typically sedated for this procedure. However, if the patient is anxious or worried about the procedure, he or she may be sedated for comfort.



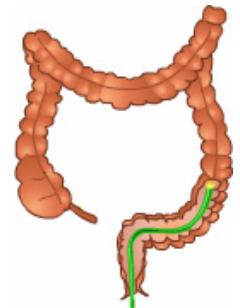
The patient usually lies on his or her side and the well-lubricated scope is gently inserted into the rectum.

The doctor is able to look at the inside of the colon, either by looking directly into the scope or by looking at a special video screen that the scope is attached to.

The scope is inserted only into the sigmoid colon, and not further up the colon. For this reason, the procedure is called a sigmoidoscopy.

If any abnormal areas are found during a sigmoidoscopy, they may be taken out through the scope.

After the doctor is satisfied that the sigmoid has been examined thoroughly, the scope is taken out. If the patient was sedated, he or she is allowed to recover from the sedation.



If an entire abnormal area is removed during a sigmoidoscopy, it is called an excisional biopsy. If only a piece of an abnormal area is taken out, it is called a simple biopsy.

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Biopsy tissues are sent to a pathologist, who reviews them under the microscope to check for cancer, infection, or inflammation. The final results of these tests may take a few days.

Even though a sigmoidoscopy may sound painful and uncomfortable, most patients tolerate it extremely well and do not experience any major pain or discomfort.

Risks & Complications

A sigmoidoscopy is very safe. There are, however, several possible risks and complications that are unlikely but possible. You need to know about them just in case they happen. By being informed, you may be able to help your doctor detect complications early.

Risks and complications of a sigmoidoscopy include those related to sedation, if used, and those related to the procedure itself.

Risks related to sedation are very unlikely and most patients tolerate sedation well. However, some of the possible risks related to sedation include: allergic reactions, nausea, and vomiting.

Some risks are related specifically to sigmoidoscopy. Though rare, they include:

- Infections involving the abdomen called “peritonitis.” Treating these infections may require long-term antibiotics and sometimes surgery.
- The colon may be injured and perforated, requiring a surgical procedure to fix it.
- Bleeding, either during or after the procedure. It is normal to have some blood come from the rectum after a sigmoidoscopy, especially if a biopsy was done. However, if heavy bleeding occurs, another sigmoidoscopy and possibly surgery may be needed.

After A Sigmoidoscopy

Some blood from the rectum is to be expected if a biopsy was done during a sigmoidoscopy. Any bleeding should not be major; if it is, the doctor should be contacted right away.

If the patient becomes dizzy, weak, develops fever or abdominal pain, the doctor should be contacted immediately. It is important to remember that some cramps and bloating are to be expected.



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Before the patient goes home, the doctor is usually able to tell him or her what was found and whether a biopsy was done. If a biopsy was done, the patient may need to return to the doctor's office in 1 or 2 weeks for the results.

Summary

A sigmoidoscopy is a very simple procedure that could literally save your life!

Sigmoidoscopies help detect colon cancer, diverticulitis, and ulcerative colitis, in addition to other colon diseases.

Finding and treating diseases of the colon EARLY is very important for successful treatment and a long life!



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