

FLEXIBLE SIGMOIDOSCOPY PREP INSTRUCTIONS:

FIVE DAYS BEFORE EXAM:

1. Discontinue any Vitamin E, herbal medications, Fish Oil, Fiber or Iron Supplements.
2. Do not eat any corn, nuts, seeds or foods containing seeds (Example: Watermelon, Squash, Cucumbers, Tomatoes, Rye Bread)

ONE DAY BEFORE EXAM:

1. Discontinue Alcohol one day prior

DAY OF THE EXAM:

To obtain the full benefits of the exam, the rectum and sigmoid colon must be clean, the rectum and sigmoid colon must be clean to allow thorough inspection. **Give yourself two plain FLEETS ENEMAS 15 minutes apart 1 hour prior to your appointment.**

1. ***** **ONLY IF HAVING SEDATION - TRANSPORTATION REQUIRED*******
2. If you are a smoker, for anesthesia requirements do not smoke the day of the procedure.
3. If on any Blood Pressure or Heart Medications, please take your normal dosage in the early A.M.- 1st thing upon waking up- with a sip of water.
4. Diabetics – Do not take your insulin or diabetic pills the day of the procedure.
5. Only if having sedation and you are scheduled after 1:00 P.M., you may have 8oz of clear liquids **NO LATER THAN 7:30 A.M. OTHERWISE, NOTHING TO EAT, DRINK, OR CHEW AFTER MIDNIGHT.**

YOUR PROCEDURE IS SCHEDULED ON:

Date: _____ Time: _____ Be here at: _____

Place: 63 Barkley Circle, Suite # 104 Ft. Myers, Fl. 33907

YOUR POST PROCEDURE OFFICE VISIT IS SCHEDULED ON:

Date: _____ Time: _____ With: _____

Ft. Myers 4790 Barkley Cir Bldg. A Cape Coral 1303 SE 8th Terr. Bonita 3501 Health Center Blvd. Ste 2145

If you have any questions regarding the procedure, call our office (239) 275-8882
or Visit our website www.giaswfl.com

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FLEXIBLE SIGMOIDOSCOPY

Sigmoidoscopy is the visual examination of the inside of the rectum and sigmoid colon using a lighted, flexible, video endoscope. The colon, or large intestine, is 5-6 feet long. During sigmoidoscopy, only the last 1-2 feet of the colon is examined. This last part of the colon, just above the rectum is called the sigmoid colon.

REASONS FOR EXAM:

Sigmoidoscopy is performed because of symptoms or to detect problems at an early stage before they are apparent to the patient. **Bleeding** -- rectal bleeding is very common. It often is caused by hemorrhoids or a small tear at the anus called a fissure. However, more serious problems can cause bleeding. Benign polyps can bleed. It is important to identify and remove polyps at an early stage before they become malignant. Rectal and colon cancer bleed and require immediate diagnosis, and treatment. Finally, various forms of colitis and inflammation can cause bleeding. **Diarrhea** -- Persistent diarrhea should always be evaluated by sigmoidoscopy. There are many causes of diarrhea and the exam is of great help in tracking down the specific cause. **Pain** -- Hemorrhoids and fissures are some of the causes of pain around the anus or in the rectum. Discomfort in the lower abdomen can be caused by tumors, as well as pockets along the sigmoid colon called diverticulosis. **X-Ray Findings** -- a barium enema x-ray exam may show abnormalities that need confirmed or treated by sigmoidoscopy. **Direction** -- Colon cancer is one of the most common cancers in the country. It is highly curable if it is found early. This cancer may begin in the colon as a polyp that remains benign for many years. Therefore, it is advisable to have a surveillance exam after a certain age. If there is a history of colon polyps or cancer in parents or siblings, it is even more critical to have this exam as there is a definite hereditary aspect for colon cancer.

THE PROCEDURE:

Sigmoidoscopy is performed on an outpatient basis. It is performed with the patient lying on the left side with the right leg drawn up. A sheet is placed over the lower body. A finger or digital exam of the anus and rectum is performed. The sigmoidoscope is gently inserted into the rectum. Air is inflated into the bowel so as to distend it and allow for careful examination. The patient will usually feel this distention of the rectum. The scope is then advanced under direct vision moving around the various bends in the lower bowel. The scope is advanced as far as is possible without causing undue discomfort. When possible, the exam is continued to 60cm (25 inches). Certain conditions such as diverticulosis, irritable bowel syndrome, or prior pelvic surgery may produce discomfort when the sigmoid colon is entered. The exam is stopped if this occurs. Your stay at the facility will be approximately three hours. Sedation usually is not required for the exam.

BENEFITS:

The benefits of sigmoidoscopy are considerable. A specific diagnosis can often be made. A condition, such as colitis, can be monitored following treatment. Polyps and tumors can be discovered at an early age.

ALTERNATIVE TESTING:

Alternative testing includes barium enema x-ray exams. Additionally, the stools can be examined in a variety of ways to uncover or study certain bowel conditions. However, direct visualization of the lower rectum and lower bowel is by far the best method of examining this area.

SIDE EFFECTS AND RISKS:

Bloating and bowel distention are common due to the air inflated into the bowel. This usually lasts only 30-60 minutes. If biopsies are done or if a polyp is removed, there may be some spotting of blood. This is rarely ever serious. One extremely rare risk is a perforation or tear of the sigmoid colon.

IN SUMMARY:

Sigmoidoscopy is a simple outpatient exam which provides the physician with a great deal of useful information. Specific diagnosis can be made. Treatment programs can be evaluated or reassurance can be provided when the exam is normal. It is one of the most useful and simple exams in medicine. The physician can answer any questions the patient may have.