

# Limited-Colonoscopy (also called flexible Sigmoidoscopy with bowel preparation)

**Information for patients**



This booklet contains details of your appointment, information about the examination and the consent form.

Please bring this booklet with you to your appointment.

**Please be aware that the admission time is the time we would like you to report to the department, not the time of the procedure. Please allow 2 to 4 hours from admission to discharge home.**

An appointment for your limited-colonoscopy has been arranged at:

**John Radcliffe Hospital, Endoscopy unit**

Telephone: 01865 223 010 option 2

(Monday to Friday, 8:00am to 4:00pm)

Email: [HortonEndoscopyBookingAdmin@ouh.nhs.uk](mailto:HortonEndoscopyBookingAdmin@ouh.nhs.uk)

**Horton General Hospital, Endoscopy unit**

Telephone: 01295 229 668 option 2

(Monday to Friday, 8:00am to 4:00pm)

Email: [ouh.hhendogastroreferrals@nhs.net](mailto:ouh.hhendogastroreferrals@nhs.net)

Please telephone the Endoscopy Unit on the relevant telephone number above if this appointment time is not convenient for you or if you are unable to keep your appointment. This will help staff to arrange another date and time for you and to give your appointment to someone else.

If you need travel information, please refer to the website at: [www.ouh.nhs.uk](http://www.ouh.nhs.uk) or telephone the numbers above and we will send you an information sheet.

## Introduction

You have been advised by your GP or hospital doctor to have a limited colonoscopy (flexible sigmoidoscopy) examination. We will have to have your formal consent written before we carry out this examination. This booklet explains how the examination is carried out and what the risks are. This will help you to make an informed decision when agreeing to the examination.

If there is anything you do not understand, or anything you wish to discuss further, but still wish to come for the appointment, do not sign the consent form at the front of the booklet. Instead, bring it with you and you could sign it after you spoken to the Endoscopist.

**The consent form is a legal document - please read it carefully.**

Once you have read and understood all the information, including the risk of complications, and you agreed to undergo the examination, please sign, and date the consent form. A copy of your consent form will be provided should you require it, so please do ask for a copy.

**Please remember to bring the consent form to your appointment.**

## **What is a limited-colonoscopy?**

This examination is very accurate way of looking at the lining of the left side of your large bowel (Colon). It is carried out by or under the supervision of a trained doctor or nurse called an endoscopist. The instrument used is called a colonoscope or flexible sigmoidoscope. This is gently inserted into your rectum. The scope has a light which is shown onto the lining of your bowel. It also has a very small camera which sends a live image to a screen where it is viewed by the Endoscopist.

During the examination the Endoscopist may need to take some small tissue samples, called biopsies, for analysis under a microscope in our laboratories - this is painless. The tissue samples and associated clinical information will be kept and may be used for teaching purposes and for research aimed at improving diagnosis and treatment of bowel diseases. This may benefit other patients in the future. If you do not wish for us to keep the tissue sample for this purpose, please tick the appropriate boxes on the consent form. If you have any further questions or concerns, please ask the Endoscopist before signing the consent form. Images from the limited colonoscopies will be kept in your health records.

A sedative is not usually necessary. (Rarely the doctor will recommend a sedative. Please see page 7 For more information about this.)

## **Why do I need a limited-colonoscopy?**

You have been advised to have a limited-colonoscopy to help find the cause of your symptoms. The results will help us to decide on the best treatment for your problem and whether we need to carry out any further examinations. The reason for this examination includes:

- bleeding from the back passage
- abdominal pain and diagnosing the extent of some inflammatory bowel disease
- follow up inspection of previous disease
- assessing the clinical importance of abnormalities found on X-ray.

### **Polyp removal**

Occasionally, the endoscopist might remove polyps during the limited-colonoscopy. We may have already known about them, or we may find them during the examination. A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk and look like a mushroom, whereas others are flat without a stalk. If a polyp is found it is usually removed by the Endoscopist, as it may grow and cause problems later. Polyps are removed or destroyed using a high frequency electric current. Alternatively, the Endoscopist may take samples for further examination.

## **Are there any alternatives?**

No. Rigid sigmoidoscopy (non-bendable short tube) does not reach the correct area of the bowel and any other investigations do not allow us to collect tissue samples that may be important for diagnosis.

### **What are the risks?**

A limited-colonoscopy a safe examination for most people. Serious problems are rare, but life-threatening complications are possible. However, you may need weigh up the benefits against the risks of having the procedure. There can be risks from having the examination itself, as well as from the sedation. The main risks are:

- A tear (perforation) in the lining of the bowel. Nationally, this happens to approximately 1 in 15,000 people. The risk of a tear is higher with polyp removal. An operation may be required to repair the tear.
- Risk of a missed lesion – although limited-colonoscopy has been selected as the best test to diagnose your symptoms, no test is perfect. There is a small risk (1 in 100) that we might miss a large polyp or other important finding during your test.
- Bleeding where we take a sample (biopsy) or have removed a polyp happens to about 1 in 150 people, but this is usually minor and stops on its own.
- Short term problems with breathing, heart rate and blood pressure (related to sedation). We will monitor you carefully so that if any problems do occur, they can be treated quickly. Older people and those with significant health problems (for example, people with serious breathing difficulties), may be at higher risk.
- Heart attack or stroke (related to sedation) – though this is very unlikely.

## Sedation

Sedation is not usually required for this examination. If you find the procedure particularly uncomfortable, we may be able to give you Entonox (gas and air). This should work quickly to reduce the pain.

After taking Entonox, you will need to rest in the department for 30 minutes or until its effects have worn off. If you feel able to, you will be allowed to drive, if you have had no other sedation.

Very rarely the endoscopist may recommend sedation. The sedative will be injected into a vein in your hand or arm and will make you lightly drowsy and relaxed but will not put you to sleep. You will be aware of what's going on around you and will be able to follow simple instructions during the examination. We will monitor your breathing and heart rate throughout the examination.

After sedation you will not be allowed to drive home. You should also not go home alone on public transport. You must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that we can contact them when you are ready to go home.

If you have had sedation and live alone, we recommend that you try to arrange for someone to stay with you overnight.

For 24 hours after the sedation, you must not:

- drive
- drink alcohol
- operate heavy machinery
- sign any legally binding documents.

You are likely to feel back to normal after 24 hours.



# Preparation

## Bowel preparation instructions

You will need to take bowel preparation before your procedure. Unless you have been instructed otherwise, this usually consists of two doses of Polyethylene glycol-electrolyte solution 'Plenvu'.

Please take **all** bowel preparation by following the instructions below carefully – **not** the manufacturer's instructions. The manufacturer's instructions enclosed are to provide information about possible side-effects, as well as effects on other medicines and other health problems.

This bowel preparation is to make sure that your bowel is cleaned, and we can carry out a complete examination.

For some people there are more suitable alternatives. If you are sent a different bowel preparation, please follow the instructions on the enclosed Oxford University Hospitals' leaflet **not** the manufacturer's drug information leaflet.

If you need further information regarding your bowel preparation, please telephone us on:

### John Radcliffe Hospital

Telephone: 01865 221 456

### Horton General Hospital

Telephone: 01295 229 155

## Two days before the examination

To help the bowel preparation to work effectively, you will need to start to eat a low fibre (roughage) diet. This diet should consist of white fish, chicken, white bread, eggs, cheese, or potato without skins. High fibre foods such as red meat, fruit, vegetables, cereals, nuts, salad, and wholemeal foods particularly **seeded bread must be avoided**. Have plenty of fluids to drink. If you would like more information about a low fibre diet, please call us on the numbers above.

## Morning appointment

**Two days before the procedure, start a low fibre diet.**

**The day before the procedure:**

**8:00am:** You may eat a light breakfast, such as eggs and toast, then **no more solid food after 09:00am**. Do drink plenty of clear fluids throughout the day and especially during the period when taking the bowel preparation. Clear fluids include water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk, Bovril.

**1:00pm:** Mix the big sachet (**Dose 1**) in 500ml of water and stir well, allowing mixture to completely dissolve. Drink content over the next 30 minutes.

In addition, drink at least 500ml or more of clear fluids between drinking Dose 1 and Dose 2 of the PLENVU.

**7:00pm:** Mix the two small sachets A and B (**Dose 2**) in 500ml of water and stir well, allowing to completely dissolve. Again, drink content over the next 30 minutes.

Ensure that you drink at least 500ml or more of clear fluids after drinking Dose 2 of the PLENVU.

### **Do remember:**

No solid food after breakfast, **only** clear fluids.

Drink additional clear fluids to ensure adequate hydration and an effective bowel preparation.

You may have clear fluids up until 2 hours before your examination.

**DO NOT follow the instructions of the PLENVU manufacturers leaflet, instead follow the instructions above provided by the Endoscopy Unit.**

**For information on contraindications and side effects please refer to the enclosed manufacturers leaflet.**

Plenvu may be easier to take when adding cordial (**not** blackcurrant as this stains the bowel), sipping through a straw, chilled once made up. It is better to avoid alcohol while you are on the Plenvu treatment plan (as alcohol causes dehydration).

**Remember:** it is normal to get diarrhoea when you take Plenvu.

## **Afternoon appointment**

**Two days before the procedure, start a low fibre diet.**

**The day before the procedure:**

**7:00am:** You may have a low fibre diet breakfast.

**12:00 Noon:** You may eat a light lunch, such as soup sandwich or omelette, then **no more solid food after 1:00pm**. Do drink plenty of clear fluids throughout the day and especially during the period when taking the bowel preparation. Clear fluids include water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk, Bovril.

**6:00pm:** Mix the big sachet (**Dose 1**) in 500ml of water and stir well, allowing mixture to completely dissolve. Drink all the content over the next 30 minutes.

In addition, drink at least 500ml or more of clear fluids between drinking Dose 1 and Dose 2 of the PLENVU.

**The morning of the procedure:**

**7:00am:** Mix the two small sachets A and B (**Dose 2**) in 500ml of water and stir well, allowing to completely dissolve. Drink all the content over the next 30 minutes.

Ensure that you drink at least 500ml or more of clear fluids after drinking Dose 2 of the PLENVU.

**Do remember:**

No solid food after breakfast, **only** clear fluids.

Drink additional clear fluids to ensure adequate hydration and an effective bowel preparation.

You may have clear fluids up until 2 hours before your examination.

**DO NOT follow the instructions of the PLENVU manufacturers leaflet, instead follow the instructions above provided by the Endoscopy Unit.**

**For information on contraindications and side effects please refer to the enclosed manufacturers leaflet.**

## **What do I need to bring with me?**

Please bring a property bag to keep your belongings. You may also bring with you a dressing gown and a pair of slippers. If you have a colostomy, please bring a spare colostomy bag with you. Please leave all valuables at home. The hospital cannot accept responsibility for these items.

## **What about my medicines?**

If you have diabetes controlled by insulin or tablets, please make sure that you tell us so that we can give you an appointment at the beginning of the morning or afternoon. If you have not already been advised about your diabetes medications, please telephone the Endoscopy unit at least two days before your endoscopy appointment for advice.

If you take anticoagulants or antiplatelets, please telephone the Endoscopy Unit at least two weeks before your appointment if you have not already been advised about your anticoagulants or antiplatelets.

If you are taking iron tablets, you must stop these one week before your appointment.

If you are taking stool bulking agents, you must stop these four days before your appointment.

You should continue to take your routine medicines unless advised otherwise.

## **What happens when I arrive at the Endoscopy Unit?**

Soon after you arrive you will be reviewed by a nurse who will ask you a few questions about your medical condition and any past surgery or illness you have had. They will also check your heart rate, blood pressure, oxygen level and blood glucose. This is to confirm that you are fit enough to undergo the limited-colonoscopy examination.

The nurse will also make sure you understand the examination and you will be able to ask any further questions or raise any concerns you may have. The nurse will ask you for your signed consent form. If you have not already signed the consent form the doctor will be able to answer any questions you still have or talk to you about any concerns.

If the doctor has recommended a sedative (not usually necessary for this examination) the nurse will also ask you about your arrangements for getting home after your sigmoidoscopy as you must be accompanied home if you have had a sedative (see page 7).

## **What happens during the limited-colonoscopy examination?**

The nurse will ask you to remove your lower garments and put on a hospital gown. You will meet the doctor before the procedure to ensure you have signed your consent form and to give you the opportunity to ask any further questions. You will then be escorted into the examination room where you will be introduced to the endoscopy nurses. The nurse looking after you will then ask you to lie on the trolley on your left side.

First, the endoscopist will examine your back passage using their gloved finger and some gel before gently inserting the colonoscope into your rectum and lower part of your bowel to examine the bowel lining. Air is gently passed into your bowel to make moving the scope around easier. You may feel some discomfort when the endoscopist moves the scope around the natural bends in your bowel. This is rarely uncomfortable enough to have to stop the procedure.

The examination takes 10 to 30 minutes to complete and you will be fully awake (unless the endoscopist has recommended you have a sedative. Please see the information on page 7.)

## After the examination

If you feel well, you can go home immediately after the examination. If you wish, you can rest in the recovery area for a short time. (If you have had a sedative or Entonox, please see page 7.)

Before you leave the Unit, the nurse will explain what was seen during the examination and whether you need any further treatment or appointments. You will be able to go home or back to work straight afterwards.

## How long will I be in the Endoscopy Unit?

You should expect to be in the Unit for approximately 2 to 3 hours. The Unit also deals with emergencies, and these will take priority over people with outpatient appointments. However, we will try to keep any delays to an absolute minimum.

## After you go home

- Some windy discomfort is normal – this will settle after a few hours.
- You may notice some blood next time you open your bowels if a biopsy or polyp removal was carried out.
- If you have any problems with persistent abdominal pain or bleeding, please telephone: **03003 047 777**, and state you want to speak to the operator. During the hours of 8am to 6pm Monday to Saturday ask for bleep 6825. Out of these hours and on bank holidays ask the operator to bleep the oncall Gastro-registra.

## Research

The Trust is one of the UK's Academic Health Science Centres. This means that we carry out ethically approved research which aims to improve patient care.

Whilst you are in Endoscopy, the Gastroenterology Research Nurses may look at your notes to see if you fit the criteria for any of our studies. If you are suitable, you may be asked whether you would like to take part in a study. We will give you detailed information about the study and what it involves. You will be asked to sign a consent form to confirm you are happy to take part.

You do not have to take part in any research, and your treatment will not be affected by your decision.

If you would like more information about the research currently being carried out in the Endoscopy department, please telephone the Gastroenterology Research Nurses, who are based in the Translational Gastroenterology Unit at the John Radcliffe Hospital.

Telephone: **01865 231 461**

World class research is carried out at Oxford University Hospitals. We are also a Genomics Medicine Centre, and you may be eligible to take part in the 100,000 Genomes project. During your visit you may be approached about clinical research studies and the Genomes project. If you would like further information, please ask your healthcare professional when you come for your appointment.

If you are unable to keep your appointment, please help us by contacting the Endoscopy Unit as soon as possible. Unit contact details are on page 3. Your appointment slot can then be given to someone else, and you will be offered an alternative date and time.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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