

Sigmoidoscopy

Sigmoidoscopy: endoscopic examination of the last section of the large intestine. Your doctor has recommended a sigmoidoscopy. If you are unable to attend, please contact the Endoscopy department as soon as possible to reschedule your appointment.

What is a sigmoidoscopy?

During a sigmoidoscopy, a Gastroenterologist examines the inside of the last section of your large intestine. The doctor inserts an endoscope through your anus. An endoscope is a flexible tube with a camera. If necessary, the doctor may take small tissue samples (biopsies) for further analysis. The procedure takes approximately 15 minutes.

What is the function of the sigmoid colon?

The sigmoid colon is the S-shaped last part of the large intestine that leads to the rectum. It extracts moisture from stool and regulates its passage speed. The rectum, about 15 cm long, is the last section before the anus and serves as a storage area for stool from the large intestine, allowing someone to go to the toilet once or twice a day.

What abnormalities can be detected?

If part of your large intestine is absent, or if you have a pouch, other preparatory measures apply: there is a separate brochure available, titled 'Bowel examination after surgical procedure'.

Two days before the examination, you should start a low-fiber diet in the morning, continuing until the examination (see above).

The sigmoidoscopy allows the doctor to detect or rule out abnormalities such as strictures, inflammation, fistulas, diverticula (intestinal bulges), polyps, or colorectal cancer. During the procedure, the doctor can also take small tissue samples (biopsies) for further examination and remove polyps if necessary.

Preparation for the examination

Two days before the examination, start a low-fiber diet in the morning and continue until the examination (see below).

The evening before you take the laxative, that is, two days before the examination, take two Bisacodyl® tablets at 10:00 p.m.

The day before the examination, start with the intake of the laxative: Pleinvue® (see instructions below).

Guidelines for a low-fiber diet

Do not eat the following:

- Whole grain products, such as seeded bread and whole wheat bread.
- Whole grain and multigrain pasta, and unpolished rice.
- Vegetables: asparagus, celery, sauerkraut, green beans, string beans, leeks, peas, legumes, bean sprouts, corn, mushrooms, tomatoes, onions, garlic, spinach, endive, bell pepper, raw vegetables.
- Fruits: oranges, grapefruit, mandarins, kiwis, blackberries, grapes, strawberries, and dried fruits.
- Also avoid: nuts, peanuts, and seeds (such as sesame and poppy seeds); sugar substitutes or foods containing sorbitol.

Foods you can eat:

- Crackers, white or light brown bread with margarine or butter. Lean meats, a boiled egg, chocolate sprinkles, chocolate spread, honey, syrup, and jam without seeds.
- Fruits: soft, ripe fruit or canned fruit without seeds, fiber, or skin. Applesauce or fruit compote.
- Vegetables: well-cooked, such as young beets, cauliflower, broccoli florets, carrots.
- Warm meal: soup with small pieces of meat, noodles, and/or soup balls (without vegetables); potatoes, white rice, pasta, macaroni; lightly roasted lean meat, fish, or chicken (without skin).
- Desserts: custard, pudding, cottage cheese, or yogurt.

Instructions for preparing Pleinvue®

Preparing Pleinvue®

! Do NOT use the leaflet provided by the pharmacy.

- You have received one cardboard package from the pharmacy;
- This package contains three sachets. For Dose 1, there is one sachet. The solution for Dose 1 has a mango flavor. For Dose 2, there are two sachets (A and B), and the solution for Dose 2 has a fruit drink flavor.
- **Dose 1:** Dose 1 is one large sachet. Dissolve this dose in 500 ml of water, stirring until the powder is fully dissolved. This can take about 8 minutes. The prepared solution can be covered and stored in the refrigerator for up to 24 hours.
- **Dose 2:** Dose 2 consists of two sachets (A and B). Dissolve these two sachets in 500 ml of water, stirring until the powder is fully dissolved, which may take about 8 minutes. This solution can also be covered and stored in the refrigerator for up to 24 hours. Therefore, it can be prepared the day before the examination.

Laxative schedule for Pleinvue®

For the laxative preparation with Pleinvue®, please follow the schedule below for the 1-liter Pleinvue® dosage.

For same-day laxative preparation, the schedule differs based on whether your examination is before 12:00 p.m. or after 12:00 p.m., so please check carefully which schedule applies to you.

Two days before the examination:

- From 8:00 a.m., start the low-fiber diet, which you should continue until after the colonoscopy.
- At 10:00 p.m., take two Bisacodyl® tablets.

One day before the examination:

- Follow the low-fiber diet until 5:00 p.m.
- Have your last meal at 5:00 p.m.
- At 6:00 p.m., start Pleinvue®; from now on, do not consume any solid food until after the examination.
- Between 6:00 and 7:00 p.m., drink 500 ml of Pleinvue® Dose 1 along with at least 500 ml of water or *clear fluids.
- Sip slowly, alternating sips of Pleinvue® and clear fluid by mouthful or glass.
- From 7:00 p.m., rest period - you may drink as much clear fluid as you like; the more you drink, the cleaner your intestine will be!

Allowed clear fluids:

Water, clear apple juice, fruit syrup, tea (sugar permitted), and strained broth. If you want an energy boost, we recommend a clear sports drink.

On the day of the examination (for exams before 12:00 p.m.):

- Have a cup of warm tea before starting Dose 2.
- Before 6:00 a.m., drink 500 ml of Pleinvue® Dose 2 and at least 500 ml of water or *clear fluid over at least one hour. Drink slowly, alternating sips of Pleinvue® and clear fluid by mouthful or glass.

To accommodate travel time or if you find drinking Pleinvue® challenging, you may start drinking Pleinvue® earlier in the morning.

On the day of the examination (for exams after 12:00 p.m.):

- Have a cup of warm tea before starting Dose 2.
- Between 8:00 a.m. and 9:30 a.m., drink 500 ml of Pleinvue® Dose 2 and at least 500 ml of water or *clear fluid over at least one hour. Sip slowly, alternating sips of Pleinvue® and clear fluid by mouthful or glass.
- After 10:30 a.m., you must not drink anything until after the colonoscopy.

You should finish the laxative preparation (500 ml of Pleinvue® and at least 500 ml of clear fluid) two hours before the examination. **You may not drink during the two hours before the procedure.**

Tips for taking Pleinvue®

It's important to drink the full prescribed amount! Here are some tips to make taking the laxative easier:

- Drink Pleinvue® slowly - take your time. Allow at least one hour for Dose 1 (500 ml Pleinvue®) and the clear fluid (at least 500 ml).

- Drink Pleinvue® in small sips and alternate with sips of the allowed clear fluids to make it easier to drink.
 - Start with a cup of warm tea before taking the second dose of Pleinvue®.
 - Drink it ice-cold from the fridge.
 - Use a straw to drink, as this allows the liquid to bypass much of the mouth.
 - If you experience any unpleasant taste, consider chewing gum (without sorbitol) in between.
- Sip slowly to reduce nausea. If needed, take a short break from drinking and resume once feelings of fullness or nausea subside.

Effect of Pleinvue®

The laxative will cause significant bowel movements up to two hours after drinking. After this, the effect gradually lessens.

As you drink the bowel preparation, stools will become increasingly watery and eventually appear clear and transparent.

It's normal to have a lot of stool in the morning after the laxative. It is good to know that you will maintain enough control over the bowel movements and will be able to reach the toilet in time.

The anus can become sore due to frequent bowel movements and it may become red or a graze will develop. If this is the case, you may use a soothing cream, but avoid petroleum jelly as it can damage the scope.

Contact us if you experience nausea, vomiting, or have concerns about whether your bowels are sufficiently clean.

Sedation

The sigmoidoscopy is generally performed without sedation. If you prefer mild sedation, discuss this with your doctor. For more details, see the 'Mild sedation' brochure.

Mild sedation requires that you arrange an escort. The escort may wait at the hospital or be available to pick you up.

Do you take medication?

If you take blood thinners, let your doctor know, as certain procedures during a sigmoidoscopy may be done. This may require adjustments to these medications. Discuss this with your doctor.

Diabetic patients may also need adjustments to their medications, so it's important to inform your doctor. This also applies to other medications like iron tablets, which are usually discontinued seven days prior to the procedure.

For heart medications, you may take them with a sip of water.

The procedure

A nurse or medical assistant will escort you from the waiting room and further prepare you. The doctor performing the procedure will briefly review the process with you and check your information (a 'time-out procedure'). During the procedure, you will lie on your left side and may be asked to change position to your back or right side. The nurse may apply pressure to your abdomen to help guide the endoscope through the intestine. You may feel some discomfort due

to the endoscope maneuvering or the air or carbon dioxide that inflates the colon. During the procedure, it is **not** possible to bring someone with you inside the treatment room.

After the examination

If the doctor removes polyps or takes biopsies, you will be informed before leaving whether a follow-up or a phone appointment is needed.

If you did not have mild sedation, you may go home immediately.

With mild sedation, you must stay in the recovery room for at least 30 minutes. Your blood pressure, heart rate, and oxygen level will be monitored for a minimum of 30 minutes. The IV needle will be removed before you leave, and you will receive a post-care instruction sheet to take home.

After mild sedation, you must go home with an escort and may not drive or operate any other vehicle.

Complications

A sigmoidoscopy is generally safe; however, complications may occasionally occur, such as bleeding or a tear (perforation) in the intestinal wall. The risk is higher if additional treatments, like polyp removal, are performed. Most complications occur during the procedure and can be treated on the spot.

Complications may also occur at home within ten days after the procedure. Contact us if you experience severe abdominal pain, bright red blood loss, or high fever within this period. If necessary, you may be evaluated in the Emergency Department and, if needed, admitted to the hospital.

At home

After the examination, you may eat and drink as usual. If you had mild sedation, we recommend avoiding important decisions on this day, as the medication may cause forgetfulness or drowsiness. You might experience some gas, which may last a few days but will go away on its own.

Contact our department if you experience severe abdominal pain, bloating, fever (over 38.5°C), chills, or significant blood loss (more than a cup).

Questions?

If you have any questions after reading this brochure, please contact the Endoscopy Department at VUmc:

Phone: 020 - 444 11 25. After hours, call 020 - 444 44 44 (VUmc main switchboard) and ask to be connected to the on-call Gastroenterologist.

For each visit to Amsterdam UMC, please bring:

- identification (passport, municipal id, or driver's license);
- an up-to-date medication list;
- proof of insurance.