

Overview

The sigmoid is the last small stretch of colon, or large intestine, before the rectum. A sigmoidoscopy is a procedure that is done to examine this part of the colon as well as the rectum and the anus.

Who is a candidate for the procedure?

This procedure may be done if a doctor suspects or knows a person has:

- » colorectal polyps, small growths on the walls of the bowel or colon
- » a tumor in the colon or bowel, such as colon cancer
- » bleeding from the bowels, known as gastrointestinal bleeding
- » certain types of colitis, or inflammation of the colon, such as ulcerative colitis, Crohn's disease or irritable bowel syndrome
- » a twist in the lower bowel that is blocking the bowel or causing pain

This procedure is also done to screen for colon cancer in healthy persons starting at age 50. It may be done before age 50 if a person has risk factors, such as a family history of colon cancer.

How is the procedure performed?

Before the procedure, the bowel must be cleaned out to allow a good view. If too much stool is in the lower colon, the doctor will be unable to see the inside walls of the bowel. A person will be asked to stop eating at least 8 hours before the procedure. Laxatives and an enema are often given before the procedure. This helps to clear the bowel. This preparation is very important. If the instructions are not followed, the procedure may have to be repeated. The procedure takes about 15 to 20 minutes. It may be done in a clinic, a doctor's office, or the hospital. The person may be given a medication to help him or her relax. Before the procedure, the person changes into a hospital gown. He or she then lies on an exam table in a special position, such as:

- » on the left side with knees drawn up toward the chest
- » on the back with knees drawn up and the feet in stirrups

During the exam, an endoscope is used to allow the doctor to see the inside of the bowel. Endoscopy uses a special tube with a light and camera on to the end of it. The anus is lubricated and the endoscope is passed through it into the rectum. This is somewhat uncomfortable and may cause an urge to defecate. Puffs of air through the tube are used to help open up the colon. This makes it much easier to get a good view of the tissues. During the procedure, the doctor can also:

- » remove any colorectal polyps, tiny growths on the walls of the bowel
- » take a sample of tissue to be examined in a lab, known as a biopsy
- » straighten out a loop of twisted colon

What happens right after the procedure?

Most people handle the procedure very well and have no problems. It can be uncomfortable, but it is not usually painful. However, after the procedure, a person may notice the following:

- » gas pains
- » slight rectal bleeding, if samples of tissue or polyps were removed

The person will need to be driven home after the procedure. This is because the medications that may be used to relax the person may affect the ability to drive. The doctor will usually talk to the person right after the procedure about what he or she found. If samples of tissue or polyps were removed, it may take several days for the results to come back. These results will be discussed at a follow-up visit.

What happens later at home?

A person should call the healthcare provider if there are any signs of problems after the procedure, such as:

- » increasing abdominal distress
- » fever and chills
- » frequent bloody bowel movements
- » severe bloating and an inability to pass gas

What are the potential complications after the procedure?

This procedure rarely causes problems. However, there is a small risk of bleeding or infection. In rare cases, a small hole may be made in the bowel. This may need to be treated with antibiotics or sometimes surgery. An allergic reaction to medications given for relaxation may also rarely occur.