Arrive 30 minutes prior to your appointment.
Please notify us 24 hours in advance if you can not keep this
appointment to avoid a no show charge.

FLEXIBLE SIGMOIDOSCOPY INSTRUCTIONS

Your doctor has scheduled you for a flexible sigmoidoscopic examination.
This test is recommended by the American Cancer Society every three to
five years beginning between the ages of 40 and 50.

To ensure a through exam, it is necessary for your rectum and sigmoid colon
to be emptied of stool. To clean your bowel, please do the following:

1. THE DAY BEFORE THE PROCEDURE: Purchase two Fleet
   Enemas and two 10 oz bottles of Magnesium Citrate from your drug
   store.

2. THE EVENING BEFORE THE PROCEDURE: No solid foods. Eat
   clear liquids for dinner. (Examples-broth, Jell-O, Popsicles, etc) Do
   not eat after dinner. You may drink clear liquids. Avoid any liquids
   with caffeine like coffee, tea, or cola. Drink both 10 oz bottles of
   bowel cleanser the night before. The earlier you take the Magnesium
   Citrate cleanser, the better you will sleep.

3. THE MORNING OF THE PROCEDURE: Drink only clear liquids
   without caffeine before the procedure. About one hour prior to your
   appointment (depending on how far away from the office you are),
   begin giving yourself the enemas. You should repeat the enemas until
   what returns is clear. The enemas must be repeated until no more
   solid or colored material comes out. This usually takes two enemas,
   but sometimes more are needed. It is important to hold the enemas for
as long as possible before expelling in order to obtain the maximum benefit.
WHAT IS FLEXIBLE SIGMOIDOSCOPY?

Sigmoidoscopy is the visual examination of the inside of the rectum and sigmoid colon using a lighted flexible fiber optic scope. The colon or large intestine is 5 to 6 feet long. During a sigmoidoscopy, only the last 1 to 2 feet of the colon is examined. This is the descending and sigmoid colon.

Flexible sigmoidoscopy is performed on an outpatient basis usually in the doctor’s office. It is performed with the patient lying on the left side with the legs drawn up. A sheet is placed over the lower body. A finger or digital exam of the rectum is performed. The sigmoidoscope is then gently inserted into the rectum. The scope is then advanced under the direct visualization around the various bends in the lower bowel. The scope is advanced as far as possible without causing undue discomfort. You may have some “gas like” discomfort due to air, which is infused into the colon, but this should not be painful. When possible, the exam is continued to 60 cm/25 inches. Certain conditions, such as diverticulosis, irritable bowel syndrome, or prior pelvic surgery may produce discomfort when the sigmoid colon is entered by the scope. The exam is stopped if this occurs.

WHY IS A FLEXIBLE SIGMOIDOSCOPY DONE?

Sigmoidoscopy is performed because of symptoms or to detect problems at an early stage before they are apparent to the patient.

BLEEDING: Hemorrhoids or a small tear at the anus called a fissure often causes bleeding. 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. 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 causes of pain around the anus or in the rectum. Tumors, as well as pockets along the sigmoid colon called diverticulosis, can cause discomfort in the lower abdomen.

X-RAY FINDINGS: A barium enema x-ray exam may show abnormalities that need to be confirmed or treated by sigmoidoscopy.

DETECTION: Colon cancer is one of the most common cancers in the country. It is highly curable if it is found early. The cancer may begin in the colon as a polyp that remains benign for many years. Therefore, it is generally advisable to have a surveillance exam after age 40 to 50. If there is a history of colon cancer in the parents or siblings, it is even more critical to have this exam because there is a definite hereditary aspect for colon cancer.

After the procedure, treat yourself to a wonderful meal and be reassured that you have taken a major step towards preventing colon cancer. Your doctor will be happy to answer any questions or concerns you might have.