

A sigmoidoscopy is a visual examination of the rectum and lower part of the colon with a view to determining the presence of abnormalities in these regions.

At Aleris you will always be examined by a specialist who is very experienced in performing examinations of this type. A specialist examination ensures that you receive a correct diagnosis of your symptoms and that the examination causes as little discomfort as possible.

# When do we perform a sigmoidoscopy?

A sigmoidoscopy is used to discover the cause of complaints, such as:

- Anal symptoms, such as bleeding in connection with defecation and other haemorrhoid-like symptoms
- Pain in the rectum or lower abdomen.
- Stool evacuation difficulties

A sigmoidoscopy is also used as part of the screening for colorectal cancer in patients, who do not belong to a high-risk group.

The examination can also uncover:

- Inflammatory conditions of the colon
- Diverticulosis

- Narrowing of the colon
- Colorectal polyps
- Colorectal cancer

# Preliminary examination

A sigmoidoscopy is an out-patient examination, performed with or without a preliminary examination.

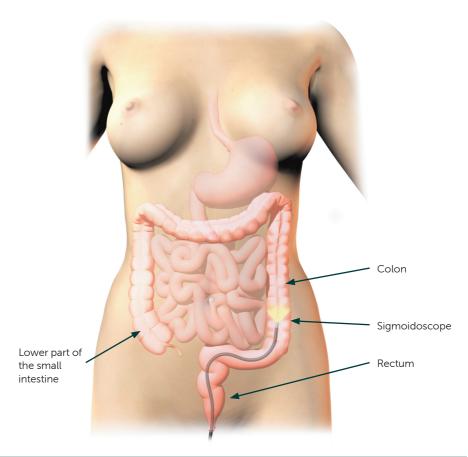
# Preparation

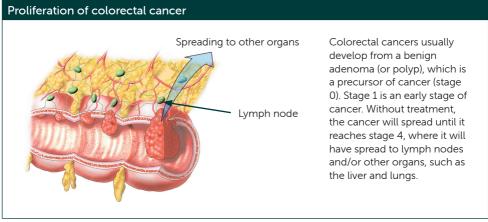
### Medicine

If you are taking anticoagulants, such as Marevan, Marcoumar, Plavix® or Persantin®, please contact us immediately for advice.

Please bring a list of the medicines you take, including herbal remedies (if any).

You should stop taking Hjertemagnyl® (acetylsalicylic acid) 3 days before the examination. You may continue to take any other prescribed medication as usual





### Food and drink

You may eat and drink normally before the examination.

To facilitate the examination, you must not take iron tablets, eat food containing flaxseed or ingest products containing fibre at least 3 days before the examination.

It is important that you drink 1½-2 litres of water daily in the 3 days before the examination

## **Bowel cleansing**

The rectum must be emptied completely before the examination. Therefore, in advance purchase 240 ml of Klyx laxative at your local pharmacy. You must take the laxative 1-2 hours before you leave home. Follow the instructions on the package. If your transportation time is long, you can take the laxative up to 4 hours before the examination.

# The examination

You will lie on your left side during the examination. The specialist will insert the instrument into the rectum and up into the colon. The examination takes 10-15 minutes or slightly longer if the specialist removes polyps or tissue (biopsy).

# Is it painful?

The examination is not usually painful. A puff of air is pumped into the colon to ensure that the folds are open

so that the specialist can examine the colon walls systematically. You may find this causes discomfort and bloating. The specialist will release some of the air at the end of the examination and the discomfort will dissipate.

#### **Sedative**

In rare cases, in order to perform the examination, it may be necessary to administer a sedative.

# After the examination

The examination is an out-patient procedure and you may go home immediately after it. You may eat and drink normally after the examination.

If you have received a sedative, you must remain at the hospital under observation for about 30 minutes before you may leave.

#### Sedative

The effects of the sedative are not fully metabolised until the next day. If you were given a sedative in connection with the examination, you may not drive or operate potentially dangerous equipment on the day of the examination. You will also need someone (an adult) to accompany you on your journey home.

### **Examination results**

The specialist will talk to you about the results before you leave the hospital. You will later receive a description of the examination in the mail. If a biopsy was taken, the results will be available within 8-14 days.

Before you leave the hospital, you and the specialist decide how you will receive the results of the biopsy and whether further appointments are necessary.

# Discomfort after the examination

Bloating due to air in the colon is normal and disappear during the day.

Your belly may rumble during the first twenty four hours and you may notice a little bleeding on defecation, especially if a biopsy was taken or polyps were removed.

# Potential side-effects and complications

The examination very seldom causes complications.

In extremely rare cases, especially if the specialist has removed polyps, complications requiring treatment, such as bleeding or a punctured colon wall, may occur in the first week after the examination. Complications of this kind may require surgery.

You should contact us if you observe any of the following:

- Severe abdominal pain
- Bloody or black stools
- Discomfort, nausea or sweatiness

- Temperature above 38°C
- Shivering

# Patient satisfaction

To ensure that Aleris continues to provide the best care, treatment and service, please complete our patient satisfaction questionnaire, which you will receive in the mail (if you have given us permission to send one). Comments and criticism, whether positive or negative, are important to us as they ensure that we can continue to offer the best possible treatments for our patients.

There are stands in every unit, where we ask if you would recommend Aleris to others. To respond, touch the smiley you think is most appropriate.

Any complaints about your progress at Aleris we ask that you please forward directly to Aleris Directors, att. Medical officer, Aleris Gyngemose Parkvej 66, 2860 Søborg.

If you do not wish to complain to us directly, you have access to lodge a complaint via Patientombuddet's (the National Agency for Patients' Rights and Complaints') website: www.patientombuddet.dk. The web site provides guidance and a complaints form (in Danish).

If you believe that a medical error has been made and you wish to claim compensation, you should contact Patientforsikringen (the Patient Insurance Association).

Visit www.patientforsikringen.dk. The website provides guidance and a complaint form (in Danish and English).



For your own notes				

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