A sigmoidoscopy is an internal examination of the lower third section of the colon (large intestine), by using an instrument called a sigmoidoscope. Similar to a colonoscopy, which can examine the entire length of the colon.

**Test Description**
Depending on the doctor, you may or may not receive a sedative; I’d suggest talking to them about it and the benefits.

During the test, you will be positioned on your left side with your knees drawn up toward your chest. A gastroenterologist or surgeon will be the one performing the test. To start, the doctor will do a digital rectal exam by gently inserting a gloved and lubricated finger into the rectum to check for blockage and to dilate (gently enlarge) the anus.

Second, the sigmoidoscope (which is a hollow tube with a camera on the end) will be inserted into the rectum. Air is then slowly introduced into the colon to expand the area and help the doctor get a better view. The air may give you the urge to have a bowel movement.

The sigmoidoscope is then slowly inserted, generally as far up as the sigmoid colon or descending colon. Then, as the scope is slowly removed, the lining of the bowel will be carefully examined. This hollow channel in the center of the scope allows for the passage of forceps for taking biopsies or for other instruments for therapy.

**Test Preparation**
Once again depending on your surgeon he will more than likely want you to have a thorough colon cleansing prior to the exam. Discuss this with them and follow their instructions to a T to get the best result the first time.

This cleansing will possibly include:

The use of enemas (stay as close to a bathroom as possible, going out for a walk is not suggested)

- No solid foods for 2 – 3 days prior to the test
- Laxatives
- Aspirin or blood thinning medications may need to stop 4 – 5 days prior to test.
- Drinking lots of clear liquids (water, juice, broths, Jello)
- No Iron supplements for at least a couple of weeks prior, the residues will darken stools and make the inside of the bowel harder to see.
- Some people may receive antibiotics before and after testing to help prevent infection.
What To Expect During the Exam
There will be a slight pressure when the scope or fingers are introduced into your rectum. Relaxation is a key to the exam and the comfort zone you can get yourself into, you can ease your discomfort by taking slow, deep breaths and go to your happy place. This will also help relax the abdominal muscles. You may have a feeling of the need to have a bowel movement during the procedure. There also could be some bloating or cramping caused by the air or by stretching of the bowel by the sigmoidoscope.

After the test, you will be able to expel the air that was introduced, and relieve any discomfort of bloating or cramping.

Purpose of Test
This test can help diagnose:

- Colon Polyps
- Fistulas
- Perforated Tears
- Diverticulosis (the presence of abnormal pouches on the lining of the intestines)
- Inflammatory bowel disease
- Collection of tissue samples for biopsies
- If there is the likeliness of a diverticulitis infection the test will be postponed until an antibiotic treatment has cleared the infection and inflammation.

Test Results

Normal
Clear healthy intestinal tissue appears normal in color, texture, and size including the lining of the sigmoid colon, rectal mucosa, rectum, and anus.

Abnormal
The tissues are considered abnormal if diverticula pouches are found in the intestinal lining, any source of bleeding, polyps (which can be removed during the procedure, tumors, or inflammatory bowel disease.)

Risks

- Infection requiring antibiotics (very rare)
- Vomiting, nausea, bloating caused by oral medications.
- Rectal irritations caused by oral colon cleanse medication.
- Tear of hole in the wall of the colon, repaired by operation. (less than 1 out of 1,000)
- Persistent or heavy bleeding from polyp removal or biopsy location. (1 out of 1,000)
- Reaction to sedative medications, resulting in low blood pressure, or breathing problems (4 out of 10,000)