**Sigmoidoscopy**

**What is a Sigmoidoscopy?**

A sigmoidoscopy is the visual examination of the inside of the rectum and sigmoid colon, using a lighted, flexible tube connected to an eyepiece or video screen for viewing. This device is called an endoscope. The colon (large intestine) is 5 to 6 feet long. During a sigmoidoscopy, only the last 1 to 2 feet of the colon is examined. This last part of the colon, just above the rectum, is called the sigmoid colon.

**How Do I Prepare for the Procedure?**

To obtain the full benefit of the exam and allow a thorough inspection, the rectum and the sigmoid colon must be clean. Preparation usually involves drinking clear liquids the day before along with taking enemas and/or laxatives. Specific instructions for preparation are provided beforehand.

**What Can You Expect During a Sigmoidoscopy?**

Flexible sigmoidoscopy is usually performed on an outpatient basis. It is performed with the patient lying on the left side with legs drawn up. A sheet is placed over the lower body. A finger or digital exam of the anus or rectum is performed. Then the endoscope is gently inserted into the rectum. Air is inflated into the bowel to expand it and allow for careful examination. The patient usually feels a slight discomfort similar to strong gas cramps. The endoscope is then advanced under direct vision and moved around the various bends in the lower bowel.

It is advanced as far as possible without causing undue discomfort. When possible the exam is continued to 25 inches (60 cm). The exam usually takes 5 to 15 minutes. Sedation is not normally required.

**Alternative Tests**

Alternative tests to a sigmoidoscopy include a barium enema or other types of x-rays that examine the colon. Additionally, the stools can be examined in a variety of ways to uncover or study certain bowel conditions. However, a direct look at the lower rectum and lower bowel by sigmoidscopy is by far the best method of examination of this area.

**What are the Possible Complications from a Sigmoidoscopy?**

Bloating and bowel distension are common due to the air inflated into the bowel. This usually lasts only 30 to 60 minutes. If biopsies are done or a polyp is removed, there may be some spotting of blood. However, this is rarelt serious. Other uncommon risks include a diagnostic error or oversight, or a tear (performation) of the wall of the colon which might require surgery.