Information on Sigmoidoscopy, Pouch Exam and Ileoscopy

Description of the Procedure:
Sigmoidoscopy is a limited examination of the lower part of the large intestine performed with a flexible video instrument (scope). The procedure involves insertion of the scope into the rectum with advancement through the lower portion of the colon while the doctor observes images displayed on a video monitor.

Patients who have had surgical alteration of their digestive tract may require a very similar procedure called a pouch exam or ileoscopy – the risks, benefits, and alternatives of these procedures are nearly identical to those for sigmoidoscopy as described below.

Your doctor can pass instruments through the scope to treat a variety of conditions including removal of polyps, stretching open a narrowed area, or performing procedures to stop or prevent bleeding. If any abnormalities are seen, several small tissue samples (biopsies) may be obtained to be examined under a microscope by a pathologist or submitted for other laboratory tests.

Some patients choose to receive intravenous medications for sedation and sleep through the procedure, which typically takes less than 20 minutes. You may choose to have the procedure performed without sedation, in which case you may experience some cramping.

Risks:
The following risks have been associated with sigmoidoscopy:

1. **Slowing of breathing, drop in blood pressure and abnormal heart rhythm/rate.** Intravenous medications may cause a slowing of breathing and in rare cases may cause breathing to stop. The medications as well as distension of the intestine may also cause lowering of blood pressure and/or abnormal heart rhythms. You will be carefully monitored and treated for any changes in breathing, blood pressure and heart rhythms that may occur.

2. **Perforation of the colon.** A perforation or tear in wall of the intestine generally occurs in less than one per 10,000 sigmoidoscopies. However, if a large polyp is removed during the procedure, the risk of a perforation may be increased. Small perforations can often be closed with clips during the procedure, but larger perforations may require antibiotics, surgery, and rarely a colostomy.

3. **Bleeding.** Bleeding may follow a biopsy or removal of a growth and may occur immediately or up to 2 weeks after the procedure; however, this is rarely life threatening. Excessive bleeding may require a blood transfusion, repeat procedure, and/or surgery.
4. **Infection.** Sigmoidoscopy may cause bacteria to temporarily enter the blood stream; however, the risk of adverse consequences from this is very low. Based on the latest recommendations of the American Heart Association, patients with heart murmurs or artificial heart valves are no longer given antibiotics before endoscopy.

5. **Fainting.** This can rarely occur, particularly if the procedure is performed without sedation.

6. **Other complications.** Patients may rarely experience an unexpected adverse drug reaction. Other possible complications of a sigmoidoscopy include inflammation and bruising or infection at the intravenous site, mild abdominal discomfort, bloating, aspiration pneumonia, and injury to internal organs. Medications administered for sedation may cause a brief period of memory loss.

7. **Death.** Death as a direct complication of sigmoidoscopy is exceedingly rare.

8. **Missed lesions.** While sigmoidoscopy is the best available test for the examination of the lower colon, it is not intended to be an exam of the entire colon, and it occasionally may miss a significant growth. This can occur particularly if the colon is not completely clean, if there are blind areas in the colon, or if the exam cannot be completed.

**Benefits:**

The purpose of a sigmoidoscopy is to gain information about the lower part of the large intestine and to treat certain conditions. The procedure is generally very safe and is well tolerated by most patients.

**Alternative Options:**

Radiology studies such as barium enema, MRI, CT scans (virtual colonoscopy) and surgeries are the usual alternatives to sigmoidoscopy, although these tests may not be able to provide the same kinds of information as a sigmoidoscopy.