



SAN DIEGO COLON AND RECTAL SURGEONS

Colon & Rectal · Laparoscopic Surgery

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FLEXIBLE FIBEROPTIC SIGMOIDOSCOPY

A flexible fiberoptic sigmoidoscopy is a diagnostic examination which permits visualization of the last two feet of the intestinal tract. It is recommended as a screening examination for people over the age of 40. Approximately 75% of all colon and rectal cancers and polyps occur in the portion of the intestine visualized during sigmoidoscopy. Other common intestinal diseases such as diverticulosis, diverticulitis, colitis, and hemorrhoids can also be diagnosed during a sigmoidoscopic examination. The extent of those diseases can also be assessed.

A flexible fiberoptic sigmoidoscopy is much more comfortable than in the past when more rigid scopes were used. Preparation for the examination is quite simple. One Fleet's enema is taken two hours and one hour prior to the procedure. It is not necessary to alter your diet either the day before, or the day of your examination. Similarly, it is important **NOT** to take additional laxatives in an attempt to better clean the colon.

A flexible fiberoptic sigmoidoscopy is performed in the knee chest position on a special tilt table which permits gravity to help with the passage of the scope. After digital examination with a well-lubricated, gloved finger, the scope is introduced into the anus. A small amount of air is insufflated into the colon in order to facilitate visualization of the intestinal lining. This occasionally causes some mild cramps and a feeling of urgency (similar to that sometimes experienced prior to a bowel movement). This examination is typically completed in less than five minutes and does not commonly cause pain. If an abnormality is found, a biopsy can sometimes be obtained through the sigmoidoscope. Since there are no pain fibers in the intestinal tract, there is no discomfort associated with a biopsy.

The risks associated with a flexible fiberoptic sigmoidoscopy are negligible. The instrument is compulsively cleaned between examinations, and there is virtually no chance of transmission of communicable diseases. A small potential for bleeding or perforation does exist, but in 20 years of practice, this has not occurred.

CONSENT FOR EXAMINATION AND TREATMENT

I have read and understand the above information. I consent to proceed with the understanding that I will have the opportunity to ask my doctor any questions regarding this procedure before, during, and after the examination.

I hereby authorize my doctor to perform a consultation and examination which may include an endoscopic evaluation of the anus, rectum, and left side of the colon. Further, I authorize biopsy and/or removal of any abnormalities that are encountered during the endoscopic evaluation.

THIS CONSENT SHALL REMAIN IN EFFECT FOR SUBSEQUENT VISITS FOR **ONE YEAR** FROM THE DATE OF SIGNATURE

Patient Name (*Please Print*)

Patient Signature (*Please sign in presence of office staff*)

Date

Witness Signature

Date