

Bowel cancer is a disease of the large bowel (descending and sigmoid parts of the colon) or the rectum (back passage). It is sometimes called colon or colorectal cancer.

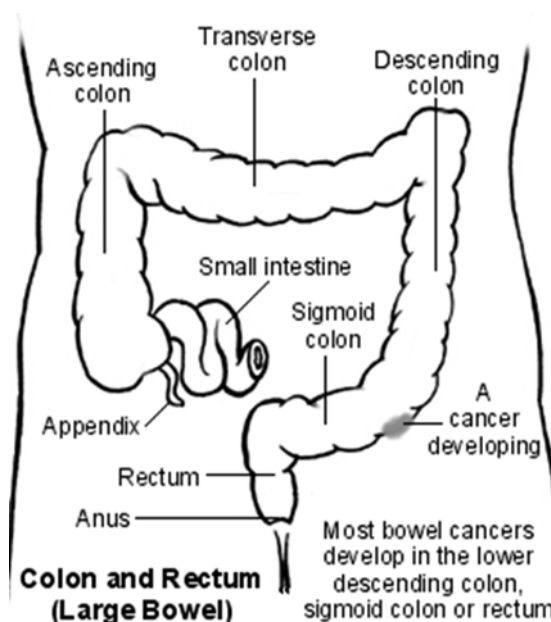
Around 1 in 18 people will get bowel cancer at some point in their lives, and it affects men and women equally. It is most common in people over the age of 60 years, although it does also affect younger people in much smaller numbers.

Because the signs and symptoms are not well recognised, they may not be obvious until the disease is at a more advanced stage. For this reason, bowel cancer is the second largest cause of cancer deaths in the UK. However, 90% of those diagnosed can be successfully treated, if spotted and treated early enough.

Bowel cancer screening programmes in the UK use a combination of tests to look for problems that could lead to bowel cancer, as well as making sure that bowel cancer is diagnosed quickly and early in the groups of people most likely to develop the disease.

What is a flexible sigmoidoscopy?

A flexible sigmoidoscopy (or flexi-sig) uses a fine, flexible tube (a scope) with a light and a camera on the end, to examine the lower part of the large bowel (sigmoid colon) and rectum (see diagram). It only looks at these parts of the bowel because this is where most polyps and cancers are likely to be found (around 75-80%).



The scope is gently passed around the first part of the bowel, into the descending colon. The camera images can be seen by the operator on a monitor, and any abnormality in the bowel, such as polyps, inflammation, diverticular disease, or cancer can be seen clearly.

We know that most bowel cancers start off as polyps, which are little wart-like growths. Some polyps are harmless and may be left but others, if left to grow for a few years, may change into cancer. Small polyps can be removed using the scope, and biopsies can also be taken from suspicious areas of the bowel wall.

Where will I have it done?

Flexible sigmoidoscopy can be carried out by either a specially trained doctor or nurse. It is generally carried out in the Endoscopy unit of a hospital outpatients department or in larger community clinics.



Beating Bowel Cancer

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You do not normally need any special relaxation (sedation) medicine or anaesthetic for a flexible sigmoidoscopy examination. It usually takes about 5-15mins, depending on whether or not they need to take any biopsies or remove any polyps etc.

It is a relatively safe procedure for all patients, including those with other health problems, such as heart or breathing problems, because there is no need for sedating medicines. This also means that you can go home quickly afterwards, and there are no restrictions on driving or operating machinery, etc. Before you have the flexible sigmoidoscopy test, your doctor will go over everything that it involves, and explain all the risks for the test to you, to make sure that you understand why you are having the test, and that you agree to have it done. You will then be asked to sign a consent form, which your doctor will also then sign.

How is the procedure done?

A small amount of laxative medicine squeezed directly into the rectum (back passage) is needed to make sure the lower bowel is empty and that the operator has a clear view of the inside of the bowel. This is called an enema, and it is given on the day of the test. This can sometimes be done at home, or in the Endoscopy unit prior to the procedure. It usually works very quickly, but should not have any long lasting effects after the bowel is emptied.

After changing into a patient gown, the patient moves to the examination room. The test usually starts with the patient lying on their left side. The lubricated scope is then put in through the anus and gently passed through the rectum and around the bowel up to the descending colon. The patient's position can be adjusted, if needed, during the test to make it easier to pass the scope through the natural loops of bowel. Air can sometimes be used to inflate the bowel a

little, pushing the walls of the bowel apart so that they can be seen more clearly. This may be a little uncomfortable, but normally passes quite quickly.

What are the risks / side effects?

It is not unusual to feel a bit bloated or have a distended tummy after this test, until the air has been passed back out of the body. This normally happens quite quickly afterwards, and peppermint (tea, water, mints or gum to chew) can be taken to help with this.

If polyps or biopsies are taken, a small amount of bleeding from the rectum (back passage) might be noticed, but should clear up in the next few days. Any pain, heavy blood loss or bleeding that lasts for more than 3-4 days should be discussed with the GP to rule out any unexpected complications.

There is a very small risk of perforation (making a hole in the bowel), and this will be discussed with you prior to the procedure. If the procedure is too difficult or painful, you should tell the operator immediately and your position should be changed, or the examination stopped, rather than risk damaging the bowel.

What happens next?

Once the examination is finished, you should be given an idea of what to expect next. The results will be sent to your GP and to the colorectal consultant if you need to see him/her for any follow up appointments or more tests to see what is happening in the rest of the bowel, eg. a colonoscopy or a special kind of x-ray called a CT or MRI scan (please refer to our "Prevent & Detect" booklet for more information about these).



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There are not normally any restrictions on diet and patients can eat and drink normally, although some may prefer to eat something lighter on the day of the procedure. The lower part of the bowel will have been cleared out by the preparation but should return to normal quite quickly afterwards.

Please be aware that one quarter of all bowel cancers develop further up in the bowel (in the transverse or ascending colon) which cannot be seen during a flexi-sig investigation. If further investigation of the whole bowel was needed, then a colonoscopy would also be arranged for you.

Bowel Cancer can affect anyone, at any age. That is why it is so important to be aware of the main symptoms:

- Bleeding from the bottom without any obvious reason
- Any change in your normal bowel habit, especially if you are going more frequently, or the faeces are loose
- Abdominal pain, especially if severe
- A lump in your tummy
- Unexplained weight loss and tiredness

If these symptoms persist for more than four to six weeks, you should always seek advice from your GP.

Screening

If you are eligible to take part in the National Bowel Screening Programme (please refer to our "Screening for Bowel Cancer" factsheet) you will be sent a screening kit through the post, every two years, and starting from your 60th Birthday (50th birthday in Scotland). This test can show early changes in the bowel that could lead to bowel cancer, so it is important that you take part in the programme and return your kit for testing.

You will usually receive the results of the test in the post after about 2 weeks, and your GP will also be notified if there is an abnormal result.

Further information

The following publications are available to download from our website or can be ordered by post:

"Don't Sit on Your Symptoms"

A leaflet describing the symptoms of bowel cancer, other diseases with similar symptoms, and what to ask your GP.

"Screening for Bowel Cancer"

A factsheet describing the national bowel cancer screening programmes available in the United Kingdom.

"Prevent & Detect – Your Guide"

A comprehensive booklet, including symptoms and screening information, bowel cancer in the family, prevention measures, and methods of diagnosis.

The future – flexible sigmoidoscopy screening

On 3rd October 2010 the Prime Minister announced that the Government would be allocating £60 million to fund a new flexible sigmoidoscopy screening programme for people in England aged over 55 years. This decision was made following the results of a long term study, led by Professor Wendy Atkin of Imperial College and published in The Lancet in April 2010, which investigated the effectiveness of screening for bowel cancer using flexible sigmoidoscopy. The results found that a single examination of the lower colon and rectum using flexible sigmoidoscopy, in those between the ages of 55 and 64 years, reduced the risk of individuals dying from bowel cancer by 43% and the risk of individuals developing bowel cancer by one third.



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The National Screening Committee is yet to confirm the details of the scheme, but pilots are expected to begin in 2011 and will roll out across the next four years. Flexi-sig screening will support the National Bowel Cancer Screening Programmes, which use a faecal occult blood (FOB) test to detect blood hidden in small samples of your stool. It is important that people participate in both screening programmes when invited, to reduce their risk of developing bowel cancer and to ensure any abnormalities are diagnosed early.



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