WHAT IS IT?
- A rigid tube (or proctoscope) accompanied by a light source used to examine the rectum and sigmoid colon in investigations into lower gastrointestinal (GI) complaints.
- The procedure is usually performed in the outpatient clinic, increasingly by nurse practitioners.
- It may also need to be performed on the ward, for example before a barium enema (McLatchie and Leaper, 2002).

INDICATIONS
- As a diagnostic tool for patients with symptoms such as lower GI bleeding or a change in bowel habit.
- To evaluate or follow up colitis in the rectum or descending colon.

CONTRAINDICATIONS
- Painful perianal area.
- Pregnancy.

PATIENT PREPARATION
- Full explanation of the procedure should be given.
- Having such an intimate examination in an often busy and crowded clinic can be distressing for some patients. Privacy and dignity should be maintained at all times.
- Verbal consent must be obtained.
- Bowel preparation is rarely used.

PERFORMING A RIGID SIGMOIDOSCOPY
- A nurse should be available throughout the procedure to support and monitor the patient and to assist and chaperone the endoscopist.
- The patient is placed in a left lateral position.
- A digital rectal examination is carried out, using a lubricant, to ensure there is no obvious obstruction to a proctoscope.
- Equipment such as the light source and air insufflation are checked.
- The proctoscope is lubricated and inserted into the anus.
- A light source is attached to the proctoscope.
- Air may be insufflated to aid vision.
- Biopsies may be taken.

SAFETY CONSIDERATIONS
During the procedure:
- Observe the patient’s tolerance of the procedure, for example pain;
- Provide reassurance, commentary and support;
- Watch out for any unexpected events such as vomiting, cardiorespiratory depression and vasovagal reactions;
- Assess and document the patient’s status on completing the procedure.

After the procedure:
- Document all care given and any unusual events that occur;
- Provide written instructions regarding diet, medications, activity restrictions, follow-up and potential complications.

POTENTIAL RESULTS
- Normal mucosal appearance.
- Proctitis.
- Neoplasm.
- Rectal polyps.
- Fissures.
- Haemorrhoids.

POTENTIAL COMPLICATIONS
- Abdominal discomfort.
- Rectal bleeding.

CONSIDERATIONS
- There is debate about the use of rigid sigmoidoscopy in a modern gastroenterology/coloproctology service. With the increasing availability of outpatient flexible sigmoidoscopy, a more thorough and effective test, many outpatient clinics are using rigid sigmoidoscopy less frequently.

REFERENCE

WEBSITES
British Society of Gastroenterology: www.bsg.org.uk

FURTHER READING

The information given serves as a general reference. Nurses should consult their individual trust policies on clinical procedures.