RN-administered Flexible Sigmoidoscopy: prevent Colorectal Cancer
Colorectal Cancer

Colorectal cancer can develop from a polyp (figure 1) that forms on the internal wall of the colon. Different types of polyps can be found in the colon, but these are not all necessarily cancerous.

Thanks to flexible sigmoidoscopy, it is possible to detect polyps in the lower part of the colon in order to determine if cancer cells are present.

Why undergo Colorectal Cancer screening?
The risk of developing cancer increases with age. Health experts recommend a flexible sigmoidoscopy examination every five years, given that this is a safe method for screening healthy adults aged 50 to 74 for colorectal cancer.

What is flexible sigmoidoscopy?
Flexible sigmoidoscopy is an examination administered by a registered nurse using a flexible, supple tube (an endoscope) that allows the rectum and the lower part of the colon to be viewed on a monitor. This examination:
• enables 60 per cent of cancers to be detected
• takes between 10 and 30 minutes
• does not require sedation
• requires simple preparation
• carries a lower risk of perforation than a colonoscopy
• allows the patient to return to work afterwards
What are the eligibility criteria for flexible sigmoidoscopy?

- To be between 50 and 74 years of age.
- To have no history of inflammatory bowel disease (Crohn’s disease/ulcerative colitis).
- To have no members of your immediate family (mother, father, sister, brother or child) who have suffered from colorectal cancer.
- To have not observed rectal bleeding or sudden changes in your bowel habits (constipation/diarrhea).
- To have not received a positive result in a fecal occult blood test over the past two years.
- To have no history of polyps.
- To not be taking an anticoagulant medication.
- No colonoscopy within the last 10 years.

Preparation for the exam
On the day of the exam, you must give yourself two fleet enemas via the rectum:

1. take rectal fleet enema on the morning of your appointment
2. take a second fleet enema one hour before leaving for your appointment

These can be purchased without prescription at any pharmacy.

Instructions for taking a fleet enema

- Lay down on your bed on your left side with knees bent.
- Remove the cap and gently insert the lubricated enema tube into the rectum.
- Squeeze the bottle gently in order to introduce the liquid into the rectum, starting from the bottom of the bottle and proceeding towards the top.
- Remove the tube from your rectum and discard.
- For best results, continue to lie on your left side and try to retain the liquid for five to ten minutes before going to the toilet to eliminate it.

The day of your examination

- You can eat as usual.
- You should arrive at room 2B138 a full 45 minutes before your scheduled procedure.
Description of a flexible sigmoidoscopy
The tube is inserted into the rectum and gradually moved forward by the nurse. You may experience some discomfort, such as abdominal cramps, from the procedure.

Air will be injected into the colon through the sigmoidoscope tube in order to allow for a better view of the intestinal wall. If the nurse sees small polyps, she will take a biopsy to be sent for later analysis. If large polyps are detected, you will receive instructions regarding the follow-up procedure.

After the examination
- The nurse will discuss discharge instructions with you.
- A written report regarding the exam will be sent to your family physician or nurse practitioner.

What you should know before leaving
- You may return your normal diet and activities.
- You may feel bloated or have mild cramps. If you move around, this will help you pass the air that may have remained in your bowel following the examination.
- You may notice a small amount of blood on your toilet paper.
- If you notice a significant amount of blood coming from your rectum, severe pain or fever, go to the nearest emergency room.

Screening follow up
- Fecal Occult Blood Test every two years (or as indicated by your family physician or nurse practitioner).
- Flexible sigmoïdoscopie every five years (or as indicated by your family physician or nurse practitioner).