

Section: Division of Nursing

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* PROCEDURE *

Page: 1 of 2

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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Minor Procedure
(Scope)

TITLE: FLEXIBLE SIGMOIDOSCOPY

PURPOSE: To outline the nursing methodology for flexible sigmoidoscopy

- SUPPORTIVE DATA:**
1. Flexible sigmoidoscopy provides an examination of the rectum, sigmoid and descending colon, up to 65 cm, using a flexible sigmoidoscope or colonoscope
 2. Indications:
 - a. Routine screening for colon cancer.
 - b. Screening in the presence of a strong family history of colorectal cancer or polyps
 - c. Evaluation of suspected distal colonic disease
 - d. Chronic diarrhea
 - e. Inflammatory bowel disease
 - f. Pseudomembranous colitis
 - g. Post-radiation colitis
 - h. Sigmoid volvulus
 - i. Foreign body removal
 - j. Lower G.I Bleeding

- EQUIPMENT LIST:**
1. Flexible sigmoidoscope or colonoscope
 2. Light source
 3. 4 x 4's
 4. 3 chux
 5. Exam gloves for MD and nurse
 6. Lubricant
 7. 2 barrier gowns
 8. Emesis basin
 9. Suction canister
 10. Suction tubing
 11. Sterile H₂O for water bottle on light source
 12. Formalin solution jar, label and lab slip of spec. obtained
 13. 60 cc syringe to be used to clear channel if needed

CONTENT:

PROCEDURE STEPS:

A. Pre-Procedure Assessment/Care

1. Obtain consent from patient.
2. Confirm patient's compliance to bowel preparation.
3. Obtain medical history as outlined on minor procedure nursing record.
4. Inform MD if patient is currently on anticoagulant, aspirin, or nonsteroidal anti-inflammatory therapy, or if lab results are abnormal.
5. Administer antibiotic prophylaxis if ordered.
6. Establish patient IV line if ordered.
7. Obtain baseline V.S.

KEY POINTS:

Contraindications:

1. Fulminant colitis/toxic megacolon
2. Acute severe diverticulitis
3. Peritonitis
4. Uncooperative patient
5. Poorly prepped colon

8. Explain purpose of test, positioning, relaxation methods, techniques to be used, approximate length of the procedure and sensations the patient is likely to experience during and after the exam.
9. Document teaching and patient's comprehension.
10. Check all equipment prior to beginning procedure.

B. Responsibilities During Procedure:

1. Position patient on left side with knees bent.
2. Assist physician during procedure
3. Monitor color, warmth and dryness of skin, abdominal distention, level of consciousness and pain tolerance.
4. Observe for vagal response.
5. Notify the physician if the abdomen is becoming excessively distended secondary to air insufflation.
6. Provide emotional support to the patient.
7. Provide nursing measures such as back rubbing, instructions in breathing technique, etc., to help the patient cooperate more readily.
8. Properly handle, preserve and label all specimens obtained.

Contraindications:

1. Bleeding
2. Perforation

C. Post-Procedure Assessment/Care:

1. Resume normal activity as per physician instruction.
2. Instruct patient to observe for:
 - a. Post-biopsy bleeding
 - b. Persistent abdominal pain or distention.
3. Provide written discharge instructions for outpatients.

Complications:

1. Bleeding
2. Perforation

Reference: MANUAL OF GASTROENTESTINAL PROCEEDRES, FifthEdition, copyright 2004; Society of Gastroenterology Nurses and Associates, Inc.