

## A Note on Sigmoidoscopy

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### Editorial

Sigmoidoscopy, or "flexible sigmoidoscopy," lets a physician examine the liner of the rectum and some of the colon (large intestine) by inserting a versatile tube about the thickness of your finger into the anus and slowly advancing it into the rectum and lower a part of the colon. This procedure evaluates only the lower third of the colon. Sigmoidoscopy is usually avoided any sedation, although sedation are often used if necessary.

Your colon helps your body absorb water and nutrients from the food you eat. It's also where your stool is made. The last third of your colon is named the sigmoid flexure. It's connected to your anus by your rectum.

A colonoscopy helps doctors examine the whole colon. But sometimes only the sigmoid flexure warrants close inspection. That's when a doctor will recommend a sigmoidoscopy.

A sigmoidoscopy, also called a versatile sigmoidoscopy, may be

a procedure that lets your doctor look inside your sigmoid flexure by employing a flexible tube with a light-weight thereon. It helps your doctor check for: ulcers, abnormal cells, polyps, cancer

Various miniaturized tools are often inserted through the scope to assist the doctor obtain samples (biopsies) of the colon and to perform maneuvers to diagnose or treat conditions.

Flexible sigmoidoscopy can detect and sometimes treat polyps, rectal bleeding, fissures, strictures, fistulas, foreign bodies, colorectal cancer, and benign and malignant lesions.

Flexible sigmoidoscopy isn't a substitute for total colonoscopy when it's indicated. The finding of a replacement, abnormally growing polyp during sigmoidoscopy, for instance, is a sign for a colonoscopy to look for extra polyps or cancer. Sigmoidoscopy shouldn't be used for polypectomy unless the whole colon is satisfactorily prepared. This procedure should also not be used with cases of diverticulitis and peritonitis.

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