

# Examination Under Anaesthetic (EUA) and Sigmoidoscopy

Information for parents and carers



The Children's Hospital  
Children's Day Care Ward  
Tom's Ward

## **What is an EUA and a sigmoidoscopy?**

An EUA is a shortened term for Examination Under Anaesthetic; this is an examination carried out while your child is asleep under the effects of a general anaesthetic.

A sigmoidoscopy is a test that allows the doctor to look directly at the lining of the lower end of the large intestine (anus, rectum and sigmoid colon) using a sigmoidoscope. This is a narrow tube that is fitted with a light and camera.

Your child's colon needs to be empty, so the doctor can see clearly. We will let you know if your child will need an enema (medicine inserted into their rectum to help them empty their bowels) before the procedure. This will be done by the nurses on the ward, if necessary.

## **What are the benefits of having this procedure?**

The benefits depend on your child's particular symptoms. Our main aim is to help find a diagnosis for your child's symptoms, such as rectal bleeding.

## **What are the risks?**

This is a simple and safe procedure. However, all procedures will carry some risks. The following complications have a less than 3% chance of occurring (3 out of every 100 people):

- bleeding from the rectum after the procedure
- perforation (a tear) or damage to the bowel
- infection (redness, yellow discharge, swelling, or pain).

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 6.

## **Are there any alternatives?**

The doctor will have already talked to you about any alternatives that may be appropriate for your child.

## **What happens during the procedure?**

The procedure is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the procedure.

The sigmoidoscope is a narrow metal tube. The doctor will gently insert it through your child's anus and into their rectum. The colon is then inflated with air to open up the area and help the doctor see more clearly.

The doctor can also use the sigmoidoscope to take a small sample of tissue (biopsy). This can then be analysed in the laboratory.

The procedure lasts for about 30 minutes, but your child will be away from the ward for about 1 to 1 and a half hours. This is to allow the anaesthetic to take effect before the procedure and then give them time to come round afterwards.

### **Consent**

We will ask you for your written consent (agreement) for the procedure to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

## **Fasting instructions**

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before a general anaesthetic. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

## **Pain assessment**

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their procedure. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their procedure. You can continue to use this assessment at home to help manage your child's pain if you wish.

## **Pregnancy statement**

All girls aged 12 years and over will need to have a pregnancy test before their procedure. This is in line with our hospital policy. We need to make sure it is safe to proceed with the procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child.

The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

## **Anaesthetic risks**

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.<sup>1</sup>

Most children recover quickly and are soon back to normal after their procedure and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the procedure and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the procedure.

## **In the anaesthetic room**

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter. It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child. Your child will then be taken into the operating theatre to have the procedure. The anaesthetist will be with them at all times.

## After the procedure

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, can start eating their normal diet.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee). In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the procedure, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring comfortable clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid, and toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.



## **Wound care and hygiene**

Your child can have a bath or shower as normal.

Please let us know if you are concerned about your child after the procedure, in particular if you notice:

- they have severe abdominal pain
- bloody bowel movements or bleeding from their bottom (approximately a teaspoonful of blood is expected in the first 24 hours, especially if they have had a biopsy)
- they have a high temperature (this could be a sign of infection).

## **Getting back to normal**

Your child will benefit from extra rest for a day or two after the procedure. It is best to keep them off school for 2 days. They can gradually return to sporting activities such as PE, bike riding, swimming, etc. after 1 week.

## **Follow-up care**

Please make sure you have enough children's paracetamol and ibuprofen at home, ready for when your child comes home from hospital. We will give you a short supply of these to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

Your nurse will tell you if your child needs a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

## **How to contact us if you have any concerns:**

If you have any worries or queries about your child once you get home, or notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses. You can also contact your GP or NHS 111 (freephone 111 from any landline or mobile).

### **Children's Day Care Ward: 01865 234 148/9**

(7.30am to 7.30pm, Monday to Friday)

### **Outside of these hours, you can contact:**

Robin's Ward: .....	<b>01865 231 254/5</b>
Melanie's Ward: .....	<b>01865 234 054/55</b>
Tom's Ward: .....	<b>01865 234 108/9</b>
Bellhouse Drayson: .....	<b>01865 234 049</b>
Kamran's Ward: .....	<b>01865 234 068/9</b>
Horton General Hospital Children's Ward:	<b>01295 229 001/2</b>

All of these wards are 24 hours, 7 days a week.

### **Oxford University Hospitals Switchboard:**

Telephone: **0300 304 7777**

You may find further information on the following website:

**NHS Website:** [www.nhs.uk](http://www.nhs.uk)

You can find further information about coming into hospital on our website: [www.ouh.nhs.uk/children](http://www.ouh.nhs.uk/children)

## **References:**

<sup>1</sup>From the Royal College of Anaesthetists (2020) 6th Edition  
Your child's general anaesthetic. Information for parents and  
guardians of children.

[www.rcoa.ac.uk/patients](http://www.rcoa.ac.uk/patients)

**Please bring this leaflet with you on the day of  
your child's admission.**

**We hope that this information is useful to you and  
would welcome any comments about the care or  
information you have received.**

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Mr Lee, Consultant Paediatric Surgeon  
Caroline Hinton, Advanced Children's Nurse Practitioner Team  
December 2023  
Review: December 2026  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

