

## ASPECTS OF PRACTICE

### Sigmoidoscopy in general practice

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An analysis of 100 consecutive sigmoidoscopies, performed over two and a half years, revealed six patients with rectal cancer, confirmed by biopsy and histology. A sigmoidoscope is still not a standard piece of equipment in every general practitioner's surgery, yet with the high incidence of bowel cancer in this country, the chances of making an early diagnosis are high, particularly if a biopsy can be taken and histology facilities are available.

**R**ECTAL bleeding is a common presenting symptom. Most patients will have simple piles but some will have an early tumour, and if this can be diagnosed at the earliest stage then the five year survival figures must improve.

Sigmoidoscopy is not a difficult technique to learn: it can be performed in less than 10 minutes, and in most patients no previous bowel preparation is necessary or desirable. It can be performed easily during a normal surgery session, particularly if the sigmoidoscope, light source, biopsy forceps and specimen jars are assembled ready for immediate use on a rectal trolley (see figure). A rigid stainless steel Lloyd Davies sigmoidoscope costs about £100 and biopsy forceps £75.

#### Indications and results

The indications and results for sigmoidoscopy in this series are shown in Tables 1 and 2. Half the examinations performed were for rectal bleeding with just under a third for diarrhoea.

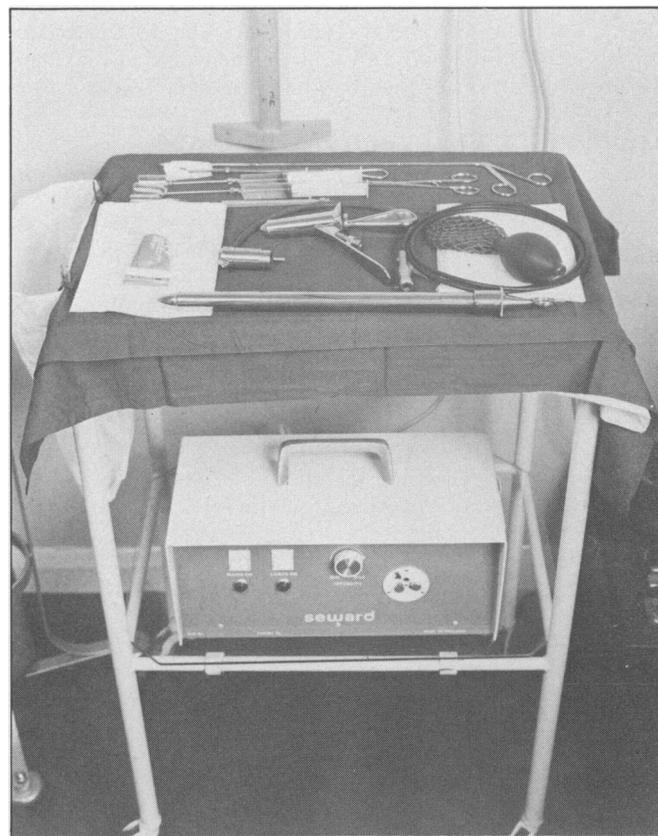
**Table 1.** Presenting symptoms of 100 consecutive patients who underwent sigmoidoscopy.

Presenting symptom	Number of patients
Rectal bleeding	49
Diarrhoea	29
Abdominal pain	10
Follow-up carcinoma	8
Constipation	2
Change in bowel habit	2

**Table 2.** Findings in 100 consecutive patients who underwent sigmoidoscopy.

Finding	Number of patients
Carcinoma of rectum or sigmoid	6
Benign rectal polyps	2
Piles	35
Muco- or ulcerative colitis	9
Normal	48

Of the 100 sigmoidoscopies, 48 were normal, 35 patients had piles and nine had ulcerative or mucocolitis. However, six patients had a carcinoma of the rectum, proved by biopsy and histology. All of these six people presented with



*Dr Brown's sigmoidoscopy trolley.*

rectal bleeding. In five no tumour could be felt on digital rectal examination, but all six could be seen easily at sigmoidoscopy, proving the value of this instrument.

Each was seen by a surgeon with a histologically proven diagnosis within two weeks of the initial visit to the general practitioner. All were admitted for operation within two weeks of seeing the surgeon, and fortunately all were found to be operable. None required colostomy, and an end-to-end stapled anastomosis was possible in each patient. All six patients are still alive and well.

Eight patients with suspicious symptoms in whom no pathology could be seen on sigmoidoscopy were referred for barium enema. One of these was found to have an annular carcinoma of the transverse colon; the remainder had diverticulitis or were considered to be normal.

Thus the commonest cause of rectal bleeding is still piles but out of 49 patients with this symptom a total of seven (14 per cent) were found to have a carcinoma.