Guideline for Performance of Flexible Sigmoidoscopy by Registered Nurses for the Purpose of Colorectal Cancer Screening
Acknowledgements

This document was prepared and written by the SGNA Practice Committee. It is published as a service to SGNA members.

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Preface
Colorectal cancer is the third most commonly diagnosed cancer and the third leading cause of cancer death in both men and women in the United States (American Cancer Society [ACS], 2011). Early detection and removal of adenomatous polyps can prevent most colorectal cancers (American Society for Gastrointestinal Endoscopy [ASGE], 2006; Levin et al. 2008). Research and practice publications illustrate the safety, accuracy, and support for the performance of routine screening flexible sigmoidoscopy by registered nurses (ASGE, 2009; Ho, Jacobs, Sandha, Noorani, & Skidmore, 2006; Levin et al., 2005; Maruthachalam, Stoker, Nicholson, & Horgan, 2006; Redwood et al 2010)

Colonoscopy is the most sensitive screening test for the detection of colorectal cancer or adenomatous polyps (ACS, 2011; Kahi & Rex, 2005; Levin et al., 2005). While colonoscopy is the preferred screening modality, alternatives include FOBT yearly and Flexible Sigmoidoscopy every 5 years (ASGE, 2006).

The Society of Gastroenterology Nurses and Associates, Inc. (SGNA) supports the position that registered nurses educated and experienced in gastroenterology nursing and trained in techniques of flexible sigmoidoscopy may assume this responsibility for the purpose of colorectal cancer screening of average risk individuals.

This guideline exists to define the qualifications and competencies necessary for successful performance of screening flexible sigmoidoscopy according to the standards set forth by SGNA.

In addition to following these guidelines for staff qualifications, SGNA also recommends that each practice setting maintain and implement a quality monitoring plan (ASGE, 2009, Levin et al., 2005).

Definition of Terms
For the purpose of this document, SGNA has adopted the following definitions:

Flexible sigmoidoscopy refers to the examination of the mucosal lining of the rectum and sigmoid colon and may include examination of a portion of the descending colon (American Medical Association [AMA], 2002).

Average risk refers to the level of risk for colorectal cancer among asymptomatic persons age 50 or older with no other prior family or personal history of adenomatous polyps, colorectal cancers, or other secreting organ cancers (ACS, 2011; ASGE, 2006; Kahi & Rex, 2005).

High risk refers to the level of risk for colorectal cancer among persons with a history of adenomatous polyps, colorectal cancer or inflammatory bowel disease, close relative(s) who have had colorectal cancer or an adenomatous polyp, or a family history of familial adenomatous polyposis or hereditary non-polyposis colorectal cancer (ACS, 2011; ASGE, 2006; Kahi & Rex, 2005). Colonoscopy is the only recommended screening method for individuals in these high risk groups (ACS, 2011).
Indications for the performance of Screening Flexible Sigmoidoscopy performed by a GI registered nurse
Screening flexible sigmoidoscopy by GI registered nurses is appropriate for adults defined as average risk (ASGE, 2009)

Contraindications for the performance of Screening Flexible Sigmoidoscopy by the registered nurse
Individuals should be interviewed and screened carefully prior to the procedure to see if they demonstrate the following contraindications for the performance of screening flexible sigmoidoscopy (ASGE, 2006):
  a. Symptoms of colorectal disease
  b. Inflammatory bowel disease (IBD)
  c. Previous colorectal cancer diagnosis
  d. Hereditary syndromes (Familial Adenomatous Polyposis [FAP] or Hereditary Non Polyposis Colorectal Cancer [HNPCC])
  e. Acute illness, comorbidities, or severe systemic disease

General GI RN Qualifications
The competent performance of flexible sigmoidoscopy requires both cognitive and technical skills (ASGE, 2009; Levin et al, 2005). Knowledge of the anatomy, physiology, and pathology of the colon and abdomen and indications/contraindications to the procedure are essential. Experience and good hand-eye coordination are also required to perform a safe and thorough examination (ASGE, 2009; Levin et al., 2005).

SGNA believes that nurse endoscopists can best document their expertise in the field through board certification and therefore recommends that GI registered nurses performing endoscopy hold current certification from the American Board of Certification for Gastroenterology Nurses (ABCGN)(Eisemon & Cline, 2006).

Medical supervision is determined by institutional policy. SGNA recommends that a minimum of 50 flexible sigmoidoscopies be performed under the supervision of a skilled physician endoscopist before a GI registered nurse performs this procedure independently (Eisemon et al., 2001; Levin et al., 2005). GI registered nurses performing Flexible Sigmoidoscopy should practice within the limits of state licensure as well as institutional policy (ASGE, 2009).

Specific GI RN Competencies
In addition to the general qualifications, the following specific competencies are required of GI registered nurses who perform flexible sigmoidoscopy in any practice setting:

A. Phase I - Cognitive Skills (ASGE, 2009; Eisemon et al., 2001; Levin et al., 2005)
   1. Describe the indications/contraindications for screening flexible sigmoidoscopy, including the definition of average and high-risk.
   2. Distinguish normal versus abnormal anatomy, physiology, and pathophysiology of the abdomen, anus, rectum, sigmoid and descending colon.
4. Discuss risks, benefits, and alternatives to flexible sigmoidoscopy with patient in order to obtain informed consent.
5. Provide patient education, which includes
   a. the purpose of procedure,
   b. positioning and relaxation methods, and
   c. sensations the patient is likely to experience.
6. Identify indications for antibiotic prophylaxis based on current recommendations.
7. Demonstrate knowledge of and ensure compliance with SGNA guidelines for cleaning, disinfecting, and storing flexible sigmoidoscope and accessories.
8. Identify and initiate nursing interventions for adverse reactions, such as pain, perforation, bleeding, infection, vasovagal response and abdominal distention.
9. Document per institutional policy, including informed consent, universal protocol, bowel prep quality, actions and interventions, patient response, findings and outcomes, and patient education.
10. Communicate outcomes or recommendations for follow-up care to the supervising physician and patient’s primary healthcare provider.
11. Communicate findings and recommendations to the patient as appropriate.
12. Assume responsibilities related to abnormal findings including:
   b. Document per institutional policy.
   c. After consultation with the supervising physician, refer patients requiring further work-up to the appropriate provider (primary care provider, gastroenterologist, or surgeon) for diagnostic/therapeutic studies, including follow-up of biopsy findings.

B. Phase II - Technical Skills (ASGE, 2009; Eisemon et al, 2001; Levin et al, 2005)

Demonstrate the proper techniques of flexible sigmoidoscopy including:
1. patient positioning,
2. digital rectal examination,
3. use of equipment,
4. manipulation of the endoscope including insertion, insufflation, advancement, and withdrawal techniques,
5. adequate depth of insertion with minimal patient discomfort (Levin et al, 2005),
6. biopsy specimen collection as indicated and according to institutional policy.

C. Phase III - Continued Competency and Quality monitoring
Maintain competency in performing flexible sigmoidoscopy (Eisemon et al, 2001; ASGE, 2009; Levin et al, 2005) by:
1. participating in quality monitoring as outlined by institutional policy,
2. completing and documenting continuing education at least annually or as outlined by institutional policy,
3. demonstrating and documenting competency at least annually or as outlined by institutional policy.

Summary
While colonoscopy is the most sensitive screening test for the detection of colorectal cancer or adenomatous polyps, flexible sigmoidoscopy is an acceptable alternative for patients of average risk. A specially trained GI registered nurse may perform flexible sigmoidoscopy. GI Registered Nurses performing flexible sigmoidoscopy must maintain qualifications and competencies and participate in continuous quality improvement.

References


**Recommended Reading**


