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Colorectal cancer screening with flexible sigmoidoscopy-participants' experiences and technical feasibility.

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AIM: To evaluate tolerability and technical feasibility of colorectal cancer screening with flexible sigmoidoscopy. **METHODS:** One thousand men and women aged 59-61 years, randomly selected from the population register of Uppsala, Sweden, were invited by mail. After random allocation, half of them were called up by a nurse (group 1), while the other half were asked to call themselves (group 2) to book a sigmoidoscopy. After the examination, the participants anonymously answered a questionnaire about their subjective experiences. Endoscopists and their assisting nurse filled out structured forms documenting various technical aspects including an estimation of the subjects' discomfort. **RESULTS:** Four hundred and sixty-nine subjects participated. Mean intubation depth was 59 cm (range 28-60) and mean duration 5.8 min (range 2-23). On average, participants reported low degrees of discomfort and feeling of exposure, but 19 and 27% rated pain and distension, respectively, on the upper half of a visual analogue scale (VAS). Most subjects found the duration acceptable. Patient discomfort, as appraised by the endoscopists, was lower in men than in women, positively linked to duration of the procedure, but inversely associated with intubation distance. However, the overall differences between strata of participants were small. Among self-reported variables, group 1 and 2 differed significantly only with regard to 'other discomfort'. All but six subjects would accept a repeat examination. Failures, resulting in incomplete examinations, occurred in 14 subjects. **CONCLUSIONS:** Flexible sigmoidoscopy is generally well tolerated and technically feasible in screening for colorectal cancer. A more personalized invitation did not have any important effects on the subjective experience.