



**University
Hospitals Sussex**
NHS Foundation Trust

Digital rectoscopy (LumenEye)

General surgery
and gastroenterology

Patient information

What is this information about?

This information is about your digital rectoscopy (LumenEye) appointment. **It explains:**

- Why you have been sent (referred) for a digital rectoscopy.
- What a digital rectoscopy is.
- How you should prepare for your appointment.
- What happens during your appointment.
- How long your appointment is likely to take.
- What the benefits and risks of having a rectoscopy may be.
- When you may get the results of the rectoscopy.
- Some of the conditions that we could find when you have your rectoscopy.

Why have I been given this information?

You have been given this information because you have been referred (sent) to have a rectoscopy. Reading this information can help you to know what to expect from your rectoscopy.

Following the advice and instructions can help your rectoscopy to go as well as possible so it gives clear images which will help us to diagnose your condition.

Why have I been referred for a rectoscopy?

You have been referred because you need further assessment of your rectum.

Be aware

Most people who have a rectoscopy do not have rectal cancer.

There are many benign conditions (conditions that are not cancer) that could be causing your symptoms. Some of these are explained later in this information.

What is a digital rectoscopy (LumenEye)?

In digital rectoscopy, a short tube with a 'telescope' in it (rectoscope) is put into the anus (bottom). This lets us see the lining of the rectum and anything there which is not usual and may be causing rectal bleeding. The equipment we use to do your rectoscopy is called 'LumenEye'.

What do I need to do to prepare for my appointment?

- Eat and drink as usual before your appointment.
- Take your usual medications as prescribed.
- Use two glycerine suppositories to clear your lower bowel. This lets us see it more clearly using the rectoscope. Follow the instructions below.

How should I use the glycerine suppositories?

You can buy your glycerine suppositories from a pharmacist or supermarket. Read the pack and any information included which should answer any questions you have about using them.

If you cannot buy suppositories, please contact the Navigator Team who will help you to get them.

Navigator Team Phone:

- **Worthing FDS Team: 01903 205111 Ext. 86855**
- **St Richard's FDS Team: 01243 788122 Ext. 32214**
- **The Royal Sussex County Hospital FDS Team: 01273 696955 Ext. 64154**

1 to 2 hours before your appointment:

1. With a finger, gently push both the suppositories all the way into your rectum (bottom).
2. Hold your buttocks together for 5 to 10 seconds.
3. Stay lying down for about 15 minutes so that the suppositories do not come out.

What should I expect in my appointment?

A nurse will talk with you about the reasons for your referral. They will then ask you some questions about medical conditions you have or have had and how you are.

The nurse will then ask you to take off your clothes from the waist down so that you are ready for them to examine your rectum. You will have the privacy of your clinic room to get undressed in.

When you are undressed from the waist down the nurse will:

- Ask you to lie down on your left side, with your knees lifted towards your chest. When you are in this position it is easier to examine your rectum.
- Put on gloves and then start to look at the outside of your bottom (around your anus) to see if there is anything unusual.
- Gently put one lubricated finger into your bottom.
This is usually very quick, and you are unlikely to feel any pain.

After the nurse has examined your rectum with their finger, they will gently place the digital rectoscope (LumenEye) into your bottom. This allows them to see your rectum more clearly and check if there is anything which could be causing bleeding from your bottom.

While you are having your rectoscopy, you may need to have a little air blown gently into your rectum. This can give a clearer view of your rectum.

If you do have this, it may cause:

- Some mild discomfort in your tummy (abdomen).
- The feeling that you need to fart.
- The urge to poo.

This is usual and the team will help you to feel as relaxed as possible.

Will you take photographs using the rectoscope?

We may take digital photographs of your rectum and colon during your rectoscopy. If we do, they will be uploaded to your patient record.

How long does digital rectoscopy take?

Most rectoscopies take around 5 to 10 minutes. Your entire appointment may take up to 30 minutes, so allow enough time for this.

When will I get the results?

After your rectoscopy the nurse will explain anything unusual that was found or tell you if everything appeared as it should. If we did not find anything unusual and you have no further symptoms, we will discharge you back to the care of your GP.

If you do need any further tests or examinations, we will arrange these for you.

How soon after my rectoscopy can I return to doing my usual activities?

You can return to your usual activities as soon as your clinic appointment has ended.

What is the benefit of having a rectoscopy?

The benefit of having a rectoscopy is that we may be able to diagnose and treat your condition on the day of your clinic appointment.

What might go wrong with a rectoscopy?

- We may not be able to continue with your rectoscopy if the suppositories have not worked well enough to clear your rectum so that we can get a clear view.
- We may not see something that is unusual and miss that you have a condition.
- The rectoscope may puncture your colon or rectum. This is very rare. The chance of it happening is less than 1 in 100,000.

Which health conditions might be found with a rectoscopy?

Conditions which may be found by a rectoscope examination include:

- **Rectal prolapse.** This is where a part of your rectum bulges out through your anus. This can usually be gently pushed back into place. Some people with rectal prolapses need to be assessed further before their prolapse can be treated. We may make an appointment for you to be assessed by a colorectal consultant.
- **Anal fissure.** This is a small tear in the anus. It can cause pain and bleeding when you have a poo. If you have an anal fissure do try to keep your poos as soft (but still well formed) as you can. Poo as often as you can. Having a diet that has plenty of fibre in it can help with this.

You could also try taking a laxative medication. Paracetamol can help with pain from an anal fissure. The nurse may advise you

to take or prescribe you medication. If so, they will talk with you about this. You can find further information about constipation in our leaflet. www.uhsussex.nhs.uk/resources/constipation-ed

- **Haemorrhoids (piles).** These are lumps inside and around your anus. Symptoms can include:
 - bright red bleeding after you have had a poo
 - feeling like you need another poo even after you had just had a poo
 - itching around the anus
 - mucus in your underwear
 - pain around the anus.

If we find that you have piles the nurse will talk with you about the best treatment for you.

- **Polyps in the rectum.** Polyps are small areas where too many cells have grown in the lining of the bowel or rectum. Many polyps are benign (they are not cancer) and stay that way. Some polyps can change and become colorectal cancer. If we find that you have polyps when we do your rectoscopy, we will not remove them. We may refer you for further endoscopy.
- **Inflammation of the rectum.** Inflammation is where body tissue becomes red, swollen, hot and may be painful. If we find that you have rectal inflammation, we may refer you for further endoscopy. This is to check if you have 'inflammatory bowel disease'.
- **Rectal Cancer.** It is very unlikely that people having a rectoscopy will be found to have rectal cancer, but some people do have it. If the nurse thinks you may have rectal cancer you may be referred for further tests. These might include a colonoscopy, CT scan and MRI scan.

- **Anal cancer.** It is very unlikely that people having a rectoscopy will be found to have anal cancer, but some people do have it.

If the nurse thinks you may have anal cancer you may be referred to have an MRI scan and a further examination. You will have a general anaesthetic before the examination, so you are 'asleep' when it is done.

Who can I contact if I need further information or support after I have read this information?

Contact:

Phones will usually be answered between 8am and 4pm, Monday to Friday. If you leave a message a member of the team will contact you as soon as possible.

Brighton patients:

01273 696955 Ext. 64154

uhsussex.colorectalfasterdiagnosisservice@nhs.net

Worthing and St Richard's patients:

01243 831751

uhsussex.wg.srh-fds-navigator@nhs.net

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