



Arizona State Board of Nursing

1740 W Adams Street, Suite 2000
Phoenix, AZ 85007
Phone (602) 771-7800
Home Page: <http://www.azbn.gov>

An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: SIGMOIDOSCOPY
FLEXIBLE SCREENING
APPROVED DATE: 1/90
REVISED DATE: 3/95; 11/02, 3/06
7/13, 9/16, 9/19
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice of RN LPN

ADVISORY OPINION

FLEXIBLE SIGMOIDOSCOPY FOR SCREENING PURPOSES

It is within the scope of practice of a Registered Nurse (RN) who is educated and experienced in gastroenterology nursing and is trained in the techniques of flexible sigmoidoscopy, to perform this procedure for the purpose of colorectal cancer screening of average risk individuals. The RN performing flexible sigmoidoscopies must meet the criteria specified under GENERAL REQUIREMENTS, and COURSE OF INSTRUCTION.

DEFINITION

Flexible sigmoidoscopy refers to the examination of the mucosal lining of the rectum, sigmoid colon and may include examinations of a portion of the descending colon.

Average risk refers to the level of risk for colorectal cancer among asymptomatic persons 50 years or older with no other prior family or personal history of adenomatous polyps, colorectal cancers, or other secreting organ cancers.

I. GENERAL REQUIREMENTS

- A. Written policies and procedures are maintained by the employer.
- B. RNs should perform this procedure based upon an order of a physician or Licensed Independent Practitioner (LIP).
- C. Only RNs who have satisfactorily completed an agency's instructional program and have had supervised clinical practice are allowed to perform flexible sigmoidoscopy for screening purposes and obtain biopsy specimens.
- D. Documentation of satisfactory completion of the instruction and supervised practice as well as continuous quality improvement programs is on file with the agency/ employer.
- E. Didactic education and competencies for obtaining biopsy specimens are completed and are on file with the agency/employer

II. **COURSE OF INSTRUCTION** *should meet the educational components and competency assessment as outlined by the Society of Gastroenterology Nurses and Associates (SGNA) 2012 guidelines. (See the attached link to the SGNA guidelines) is to Include but not be limited to:*

- A. Anatomy, physiology and pathology of the colon and abdomen
- B. Indications and contraindications to the procedure.
- C. Potential adverse reactions.
- D. Manipulation of the sigmoidoscope.

- E. Technique for obtaining biopsy specimens
- F. Distinguishing between normal and abnormal findings and referring to appropriate physician.
- G. Nursing care responsibilities.
- H. Guidelines for cleaning, disinfecting, and storing flexible sigmoidoscope and accessories

<https://guidelines.sgna.org/Portals/0/Performance%20of%20Flexible%20Sigmoidoscopy%20by%20Registered%20Nurses.pdf?ver=2019-01-16-142045-230>

III. ADDITIONAL RECOMMENDATIONS

- A. The Society of Gastroenterology Nurses and Associates (SGNA) recommends that RNs performing endoscopy hold current certification from the American Board of Certification for Gastroenterology Nurses (ABCGN)
- B. SGNA recommends that a minimum of 50 flexible sigmoidoscopies be performed under the supervision of a skilled physician endoscopist before a RN can perform this procedure independently.
- C. SGNA recommends that RNs performing flexible sigmoidoscopies participate in monitoring of exam by a gastroenterologist as outlined by employer/agency policy and document continuing education and competency at least annually as outlined by employer/agency policy.

IV. RATIONALE

The safe and effective performance of routine flexible sigmoidoscopy screening and retrieval of biopsy specimens by RN is well supported in current research and practice publications as well as by the professional guidelines of the Society of Gastroenterology Nurses and Associates (SGNA).

V. REFERENCES

Day, L.W., Siao, D., Inadomi, J.M., Somsouk, M. (2014). Non-physician performance of lower and upper endoscopy: a systematic review and meta-analysis. *Endoscopy*, 46(05) 401-410. DOI: 10.1055/5 0034-1365310

Kentucky Board of Nursing (KBON). (2015). Advisory opinion: Roles of nurses in endoscopic procedures, Retrieved from <http://kbn.ky.gov/practice/Documents/aos28.pdf>

Robb, K. A., Smith, S. G., Power, E., Kralj-Hans, I., Vance, M., Wardle, J. & Atkins, W. (2011). Nurses' experiences of a colorectal cancer screening pilot, *British Journal of Nursing*, 29(4), 210-218 Retrieved from Documents/Scope%20of%20Practice%20Committee/2016/August%20Meeting/Nurses%20experiences%20of%20a%20colorectal%20cancer%20screening%20pilot

Society of Gastroenterology Nurses and Associates (SGNA).(2012). Guideline for performance of flexible sigmoidoscopy by registered nurses for the purpose of colorectal cancer screening. Retrieved from <https://guidelines.sgna.org/Portals/0/Performance%20of%20Flexible%20Sigmoidoscopy%20by%20Registered%20Nurses.pdf?ver=2019-01-16-142045-230>