

Patient information

Small Bowel Capsule Endoscopy

Digestive Diseases Care Group

Your doctor has advised you to have a test called a video capsule endoscopy.

What is a video capsule endoscopy?

Video capsule endoscopy is a test used to examine the lining of the small intestine. It involves swallowing a capsule the size of an antibiotic pill. The capsule contains a video camera. As it passes through the small bowel it transmits images to a data recorder that you wear around your waist. This collects the data which is downloaded to a computer and the images viewed as a video.

What are the benefits of having a capsule endoscopy?

Capsule endoscopy allows the lining of the whole of the small intestine to be examined. It can be a useful test to look for abnormalities of the small intestine associated with certain diseases and conditions.

What are the risks of having capsule endoscopy?

There is a rare possibility of the capsule getting stuck and not passing through the small intestine. This may happen if there is an area of narrowing, for example. It is extremely rare that patients get any symptoms if the capsule gets stuck.

We advise that if you get abdominal (tummy) pain which lasts more than 30 seconds, bloating or vomiting that you use the contact details at the end of this leaflet in the "Further Information" section.

If a capsule fails to pass through the small intestine during the course of the test (approximately nine hours) this will be identified when the pictures from the test are looked at. Your doctor will arrange for you to have an abdominal X-ray to see whether the capsule has passed through since the test was performed. For every ten patients who have a capsule endoscopy, we would expect one or two to require an abdominal X-ray.

In most patients the capsule eventually passes through. If the capsule does not pass then surgery or endoscopy (an examination in which a flexible tube is used to examine the bowel) may be required.

Rarely there is a technical failure of the equipment used to perform the procedure. If this happens, the test may need to be repeated.

Are there any alternative investigations available?

There are other investigations that may be used to examine the small intestine. However, they all have slightly different risks and benefits. Some investigations are less good than others at looking for particular types of problems with the small intestine. Other investigations that may be used include X-ray investigations or endoscopy.

What will happen if I decide not to have treatment?

There may be alternative investigations that are suitable. If you decide not to have the investigation, you should discuss alternatives with your doctor.

Getting ready for your capsule endoscopy

- You will receive a leaflet called 'Guidelines for Taking Moviprep Bowel Preparation for Capsule Endoscopy'. Please read this carefully as it requires you to follow a low residue diet for three days before your investigation. The bowel preparation is to ensure your bowel is clean and well prepared so that we can obtain clear pictures of the lining of your small bowel.
- You need to fast overnight (nothing to eat or drink except for a small amount of water if taking tablets) **from 11 pm** the day before your investigation.
- **If you have diabetes please let the department know, particularly if you are on Insulin. On the day of the test if you have diabetes you should omit your diabetic medication.**

You will be able to discuss the procedure and risks involved during a pre assessment phone call which will take place three to seven days before your investigation. You will be expected to sign your consent form on the day of procedure.

On the day of the test

- Medication can be taken before 6am on the day of the test with a sip of water. Alternatively, medicines can be taken with some water two hours after swallowing the video capsule.
- You will be fitted with a sensor belt which will be attached to a data recorder that is worn in a small shoulder bag. You will be asked to swallow a capsule, the size of a large vitamin tablet. The capsule takes pictures of the bowel as it passes through. These images are stored in the data recorder.
- **Given the metallic component within the capsule we suggest that where possible please avoid a scan known as magnetic resonance imaging (MRI) until passage of your capsule can be confirmed. Confirmation that the capsule has passed is usually given within a few weeks of having your capsule investigation.**

Going home

Once we have attached the recording equipment you will be able to go home. You will be given a patient information card which will provide you with additional information. You will be given instructions about when you can eat and drink. You will also been given advice about when and how to remove the recording equipment at the end of the day.

Please keep the equipment stored safely over night with the sensor belt kept in a flat position to avoid damage. You will be advised about how and when to return the equipment to the hospital.

Discharge information

The capsule will pass normally through your bowel and as it is disposable we do not need you to retrieve it.

Further appointments

Once the video images have been reviewed, a report will be sent to your Consultant, who may write to you with the results or see you in clinic to discuss the findings.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Gastroenterology Department Direct Line

Tel: 0151 706 2726

Text phone number: 18001 0151 706 2726

Further information is also available from the National Institute of Clinical Excellence on the Internet at <http://guidance.nice.org.uk/IPG101>

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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