

# Capsule Endoscopy

## Gastroenterology Medicine

**This leaflet has been designed to give you important information and to answer some common queries you may have.**

# Information for patients and visitors

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## Introduction

You have been advised to have a small bowel **capsule endoscopy**.

This leaflet has been written to help answer some of the concerns you have about the test. It may not answer all your questions but you will have the opportunity to further discuss the test when you are assessed for the procedure.

The aim of this booklet is:

- To explain what capsule endoscopy is
- To explain what happens on the day of the test
- To tell you what preparation is required
- To answer some of the questions you may have about the test

## What is capsule endoscopy?

Capsule endoscopy (pill camera) is a test which looks for abnormalities in the small bowel. The small bowel (intestine) is the part between the stomach and the large bowel (colon).

The capsule is the size of a large vitamin pill and consists of a tiny camera, battery, light source and wireless transmitter. As the capsule moves through the gastrointestinal tract, images are transmitted to a data recorder worn on a belt outside your body. The data is transferred to a computer for interpretation. The capsule is then eliminated in your stool and is not used again.

## How is the test done?

You will be asked to swallow the capsule after taking laxatives and fasting for 12 hours. The capsule starts taking the photographs which are sent by a transmitter through to sensors. The sensors are either in a belt worn around your waist or attached to the skin of your abdomen using sticky pads. From there the images go to a data recorder (pocket sized computer) which is carried around in a shoulder bag.

The whole process takes 8 -10 hours. The pill camera is usually given in the morning. Half an hour after swallowing the pill camera we will attach a portable laptop to your data recorder to make sure the pill camera has left the stomach.

Some people have slow gastric emptying. If this is the case with you then we may give you medication to increase the movement in your stomach. If this is unsuccessful it may be necessary to place the pill camera in the first part of your small bowel using an endoscopy. This will only be done if it is essential and after discussion with you first.

After checking the capsule position, you may either go out for the day with instructions or use the hospital as your base.

The equipment is removed after 8-10 hours. The images are then downloaded from the data recorder onto a computer which are assembled into a video of the whole intestine. The video is



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then reviewed by the doctor or nurse and a report of the findings will be sent to the doctor who requested the test.

### Why do I need a capsule endoscopy?

The small bowel is part of the gastrointestinal tract between the stomach and the large bowel. It is small in diameter and is between 3-5 metres long. It cannot be reached by upper endoscopy or colonoscopy.

The most common reason for capsule endoscopy is for unexplained anaemia (iron deficient anaemia) or intestinal bleeding when conventional endoscopy has failed to find the cause.

It may also be useful for detecting Crohn's disease, polyps, ulcers and tumours of the small intestine.

### What are the complications or risks?

There is a small risk that the procedure may need to be repeated if the capsule camera has not examined the entire small bowel. This may be the case if the small bowel isn't clean enough to see or the camera moves through the small bowel too quickly. The risk of incomplete examination can happen in up to 17 in 100 procedures.

The most serious risk is the failure of the pill camera to pass through the small bowel for more than two weeks. If this happens you might require further treatment such as anti-inflammatory medication (for Crohn's disease), endoscopic procedure or surgery to remove the capsule. This may happen because the small bowel has a narrowing or blockage that the pill camera cannot pass through. The risk of retention is around 2-5 patients in 100 procedures.

If there is any concern you may have a narrowed bowel then a patency capsule may be used first. This is a dissolvable dummy pill that is swallowed to check that the small bowel is clear. If you require a patency capsule further information will be given to you.

There is also a very rare risk of capsule aspiration (cause choking or entering the lungs) while patients are attempting to swallow the pill camera.

### What are the alternatives to capsule endoscopy?

There are several methods for evaluating the small bowel, including:

- Push enteroscopy (using a long flexible endoscope)
- Radiological small-bowel follow-through studies
- MRI enterography

These tests may not be the right one for you or may have already failed to find the cause which is why capsule endoscopy has been recommended for you.

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### How do I prepare for capsule endoscopy?

You will have a pre-assessment some time before you have the procedure to make sure you understand what will happen before, during and after the capsule endoscopy so that you make an informed choice as to whether or not you consent to the procedure.

The nurse will need to take a detailed medical history and will also need to know what medications you take so please ensure you bring a list with you when you get your appointment for pre-assessment.

In particular the nurse will need to know any of the following:

- If there is a possibility you might be pregnant
- Cardiac pacemaker
- Previous abdominal surgery involving the stomach / bowel
- Swallowing problems
- Narrowing or obstruction of your bowel or have intra-abdominal adhesions
- Taking iron supplements (you need to stop 7 days before the procedure)
- Taking anti-inflammatory tablets (e.g. Ibuprofen, diclofenac, celecoxib etc)

Anti-inflammatory medications need to be stopped 7 days before the capsule endoscopy. Your GP will be able to suggest alternatives but please contact us if you are unable to stop them.

**Bowel preparation is essential to make the small bowel clean for the examination otherwise the procedure may need to be repeated. This involves dietary advice and the use of bowel cleansers.**

**Three days prior to the procedure please try to eat a low residue / low fibre diet and avoid high fibre foods such as the following:**

- Red meat, pink fish
- Raw fruit or other vegetables, skins, pips
- Cereals
- Salads, mushrooms, sweet corn
- Nuts / seeds
- Wholemeal bread

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## The Day Before the Procedure

Have a light breakfast avoiding the above foods. Following this you cannot have any solid food. You should drink plenty of clear fluids such as:

- Tea or coffee (sweetened to taste but no milk)
- Fruit squashes but not blackcurrant
- Water
- Clear soups (Oxo, Bovril, clear chicken broth etc – strain the soup first)
- Clear jelly (but not strawberry, raspberry or blackcurrant)

You will have been given sachets containing bowel preparation (Moviprep) and information how to take them. Please make the preparation up and take as instructed ensuring you drink plenty of fluids in order to remain hydrated.

You should start having watery bowel movements (like diarrhoea) within 1 to 2 hours (sometimes longer) of starting the preparation, so please stay near a toilet.

If you experience common side effects of taking the preparation like vomiting, bloating or stomach cramps try drinking the solution more slowly.

**Please drink water only from 9.00pm up until midnight then stop drinking fluids.**

After the examination you may eat and drink as normal.

## Other Medications and Diabetes

Medications that should be **stopped 7 days** before the examination are:

- Iron tablets, anti-inflammatory medication such as Ibuprofen, Diclofenac etc

Medications that should be **stopped 5 days** before the examination are:

- Codeine, cocodamol, morphine, buscopan, mebeverine, loperamide, Imodium, colofac.  
Your GP should be able to suggest alternatives if required

## Patients with Diabetes

Please contact your diabetes specialist or GP for advice on adjusting your diabetes medications and insulin.



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## The Day of the Examination

### Before you arrive at hospital

Do not eat or drink anything, except essential medication with a sip of water. Medication must be taken before 6.00am. Alternatively you can take your medication 2 hours after swallowing the pill camera which is when you will be allowed clear fluids again.

Clothing: please wear a thin, loose fitting top

**Please make sure you bring your consent form with you.**

### When You Arrive At the Hospital

**Please go to ....., Scunthorpe General Hospital, Cliff Gardens, Scunthorpe at 7.30am**

A doctor or nurse will go through the examination again and get you to sign a consent form. A copy of the consent form will be offered to you. If you have any questions or concerns please feel free to ask / discuss.

- Blood pressure and pulse will be checked
- You will be asked about your bowel preparation
- The pre-assessment form will be briefly revisited to ensure that information is up to date and correct
- Allergies will be confirmed
- A sensor belt with the recorder box will be placed around your waist
- You will be offered two cups of water which contain Simethicone (Infacol) and asked to swallow the capsule which is the size of a large vitamin pill
- You must not have anything to drink until at least 2 hours after swallowing the capsule camera (you will be informed when this is)
- After 2 hours you make drink clear fluids (with your regular medication if necessary)
- After 4 hours you make take a light lunch

**During the day, you are free to use the hospital as a base, but you may leave the hospital, go home or go to work as long as you are able to return later in the day.**

### Later in the Day

Please return to ..... at 4pm. We will remove the recorder belt shortly afterwards. The test is now complete and you are free to go home.

You can return to normal activities straight after the test is complete.



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## What happens to the capsule camera?

The capsule camera is designed to be disposable. It should pass out naturally in 24 to 48 hours. It flushes down the toilet. **WE DON'T WANT THE CAPSULE CAMERA RETURNED TO US!**

If you have not passed the capsule camera in a week, please contact us and we will organise an X-ray to look for retained capsule.

If you develop abdominal pain or sickness after swallowing the capsule camera, you may have developed a blockage of your bowel. Please contact us. If it is outside normal working hours then please contact the A&E department or emergency GP.

**You should NOT have an MRI scan until you are sure that the capsule has passed.**

## How do I get the results of the capsule endoscopy?

After the examination, images are downloaded from the recorder box to a computer. Up to 50,000 pictures need to be reviewed which takes time. It may be a few weeks before the results of your examination are sent to your referring doctor or GP. They should contact you regarding further management.

## Contact Details for Further Information

### Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

**Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.**



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## Confidentiality and How We Use Data

Personal information on NHS patients is collected and recorded within paper and electronic formats primarily to support high quality care that is safe and effective. To do this, information is also used to support quality improvement activities, investigate any concerns you may raise as well as to support and understand NHS performance. All NHS staff have a legal duty to keep information about you confidential.

Information will only ever be shared with people who have a genuine need for it. Other circumstances where information may be shared include administrative teams to plan future care needed, commissioners of Trust services, other NHS or social care providers and in some cases voluntary sector providers.

## Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients who are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

## Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

## Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.



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## Northern Lincolnshire and Goole NHS Foundation Trust

Diana Princess of Wales Hospital  
Scartho Road  
Grimsby  
DN33 2BA

Scunthorpe General Hospital  
Cliff Gardens  
Scunthorpe  
DN15 7BH

Goole & District Hospital  
Woodland Avenue  
Goole  
DN14 6RX

03033 306999

[www.nlg.nhs.uk](http://www.nlg.nhs.uk)

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