

**Cardiff & Vale UHB**

**Small Bowel Capsule Endoscopy**

**Patient Information Leaflet**

### **What is capsule endoscopy?**

Capsule endoscopy is a procedure that uses a small wireless camera, the size of a large vitamin or antibiotic tablet. It takes several pictures per second as it travels through your small bowel. This part of the bowel cannot be reached by conventional camera tests. These pictures are transmitted to a belt that you wear around your waist or sticky pads that are placed on your stomach and lower chest. These are then connected to a data recorder carried in a small pouch.

### **Why do I need a capsule endoscopy?**

Your doctor has referred you for a capsule endoscopy to further investigate your symptoms. The most common reason for performing a capsule endoscopy is to search for a cause of bleeding or anaemia related to the small bowel. It may also be useful for detecting Crohn's disease (a type of inflammation of the bowel), polyps, ulcers, tumours of the small bowel or giving more information about abnormalities seen on an x-ray test.

### **Are there any alternative investigations?**

You are usually only referred for a capsule endoscopy after having camera tests to examine your stomach and large bowel (colon). You may have also had an x-ray test to look at your small bowel. The only alternative test to examine the lining of your small bowel is an 'Enteroscopy'. However this is a more invasive test.

### **What do I need to do on the day before the procedure?**

On the day before your procedure you will be asked to take a bowel cleansing medication. It is essential that you follow the instructions on the enclosed information sheet to ensure that your small bowel is completely empty for the test.

### **Medications**

If you are taking **iron tablets** you must **stop these 1 week prior** to your appointment. If you are taking stool-bulking agents including Loperamide (Imodium), Lomitil or Codeine Phosphate you must stop these **3 days prior** to your appointment. You can take any other medications up until 2 hours before the test with a sip of water.

### **What do I need to wear for the test?**

We advise that you dress in two-piece clothing. The upper part should be a natural fibre (eg: cotton t-shirt or vest). **Please DO NOT wear a synthetic top (eg: nylon, polyester) as it can interfere with the information received by the belt.**

### **On the day of the procedure**

When you arrive at the endoscopy unit reception, please let them know that you are attending for a capsule endoscopy. A specialist nurse or doctor will initially talk to you about

the procedure in a private room, answering any questions that you may have. They will then ask you to sign a consent form.

### **The procedure**

You will have the equipment attached to you to detect and record information from the capsule as it travels through your small bowel. You will then be asked to swallow the capsule with a glass of water. A slippery coating makes it easier to swallow. If you are concerned about swallowing the capsule you can practice at home by swallowing jelly bean sweets. We will monitor you in the department for up to one hour. If the capsule has not passed into the small bowel within this time, we may need to give you a small dose of medicine to speed up gut movement.

### **What if I have a pacemaker (PPM) or implantable defibrillator (ICD)?**

If you have a PPM or ICD you will need to remain in the hospital for the period of the test, to be monitored. We therefore recommend that you bring something to read.

### **What happens after I've swallowed the capsule?**

Provided you do not have a pacemaker or ICD, you can then go home. The procedure takes approximately 10 hours. We will give you instructions how to remove the equipment later that evening and where to return it to the following day. It is important to treat the equipment carefully and avoid any sudden movements or banging of the data recorder.

This includes strenuous activity; heavy lifting or bending that can disrupt the information collected by the data recorder. **We advise that you don't travel on public transport during this time as the equipment could be mistaken for a terrorist's device.**

You will be able to start drinking colourless fluids 2 - 3 hours after you have swallowed the capsule, and be able to have a light snack 4 - 5 hours afterwards. We will provide you with specific information about this on the day. The capsule is disposable and passes naturally with your bowel movement, typically within 1 – 3 days. Most likely, you will be unaware of passing it. It does not need to be retrieved and can be safely flushed down the toilet.

It is important that you tell us if you are due for an MRI scan so that we can plan the date of the capsule endoscopy around this. You **MUST NOT have an MRI scan** until you have passed the capsule, as it can result in damage to your intestinal tract.

### **Are there any risks involved?**

Capsule endoscopy is a safe procedure, but does carry a few risks. The main risk is of capsule retention. This is where the capsule can become stuck in the small bowel and does not pass through the system. The overall risk of this occurring is around 1 in 100 procedures. This risk is higher in patients known to have a condition called Crohn's disease, where it can be up to 13 in 100 procedures. However it is important to remember that the capsule only gets stuck in areas where there is narrowing of the bowel and often diagnoses the problem causing your symptoms. In some cases where the capsule has not reached the

end of your small bowel or the views are poor, we may recommend that the test needs to be repeated.

### **Are the risks of capsule retention higher in any particular group of patient?**

Certain groups of patient may have a slightly higher risk of capsule retention. These include patients known to have Crohn's disease (a type of inflammation of the bowel) affecting the small bowel, those that have had multiple operations on their abdomen, people who have had previous radiotherapy and patients who have taken NSAID (anti-inflammatory) medications regularly for a long period of time.

### **How do I know whether the capsule has been retained?**

You will not know whether the capsule has been retained or not, as a retained capsule rarely causes any symptoms. The only way it is possible to know is if the capsule has reached the large bowel (colon) by the end of the recording time. Sometimes, the capsule has not reached the end of the small bowel by the end of the recording time, and we may ask you to return to hospital after two weeks for an x-ray of the abdomen to see if it is still present. We will inform you if you need any further tests to exclude capsule retention.

### **What happens if I have a retained capsule?**

In some cases the doctor may wait to see if the capsule will eventually leave your body on its own. If the capsule is retained at a narrowing caused by inflammation, then by treating the inflammation with medication the capsule can sometimes pass through. Capsules have been retained for weeks or months. In a small number of cases when the capsule is retained by a narrowing that it is unlikely to pass, then an operation may be required to remove it. However this is normally in cases when an operation would have been required anyway.

### **Your results**

After the procedure is completed, the pictures from the data recorder are transferred to a computer to create a video. A specialist will watch the video to look for any abnormalities in your small bowel. The results will be sent to the doctor that referred you for the test, with a copy to your GP.

### **Summary of main points**

- **Stop iron tablets 1 week before the test**
- **Ensure that you have taken the bowel preparation as instructed on the enclosed information sheet**
- **Wear natural fibre clothing to the appointment (eg: cotton T-shirt/vest)**
- **Let us know if you are due an MRI scan**