University College Hospital

A guide for people having a Capsule Endoscopy

Endoscopy Unit

Gastrointestinal Services Division
If you would like this document in another language or format, or require the services of an interpreter, contact us on 020 3447 5496. We will do our best to meet your needs.

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1. Introduction

This document has been prepared to help you understand the capsule endoscopy procedure. It explains the risks and benefits of the procedure and what you can expect when you come for the test. Please read it carefully and make sure you follow the instructions about how to prepare. Please ask if you have any further questions before you attend for the procedure.

2. What is a capsule endoscopy?

Capsule endoscopy is a test which allows us to examine your entire small bowel. We will ask you to swallow a small video capsule (23 millimetres long, about the size of a large vitamin pill). The capsule has its own camera and light source. The small bowel is part of the gut between the stomach and large bowel. The procedure lasts six to eight hours. During the procedure you should move around as this helps the capsule to pass through the small bowel. Most patients find the test comfortable. Afterwards we will look at the images on a video monitor.

3. Why do I need a capsule endoscopy?

The most common reason to perform a capsule endoscopy is to help your doctor determine the cause of recurrent or persistent symptoms such as abdominal pain, diarrhoea, unexplained anaemia or bleeding. In most cases a patient will have a camera test (endoscopy) of the stomach (gastroscopy) and/or large bowel (colonoscopy) before a capsule endoscopy is considered.
4. Are there complications or risks?

There is a small risk that the procedure may need to be repeated if the capsule moves through the small bowel too quickly or too slowly. If this happens we will contact you to make another appointment.

If your small bowel is not empty enough at the time of the procedure, we may need to do it again. If this happens you will be asked to take bowel cleaning medication the day before.

There is a small risk (around four in one hundred patients) of the capsule getting stuck in the bowel. The level of risk depends on the medical problem which is causing your symptoms. If the team are concerned that the risk for you is high, you may be asked to swallow a capsule which breaks down in the bowel (a patency capsule) a few days in advance of the actual procedure. This is to ensure that your small bowel does not contain any areas of narrowing (stricture).

In a very small number of cases, the capsule does not pass from your stomach into your small bowel during the time it is recording. This does not mean that there is anything wrong and the capsule will usually move through the bowel with time. If this happens we can do the test again and place a new capsule directly into your small bowel using an endoscope. This would mean though that you may need sedation or a short general anaesthetic for the procedure.
5. What happens if the capsule does not pass through the small bowel?

The most common reason for the capsule not passing through the small bowel is Chron’s Disease. This causes the bowel to become inflamed and narrowed. Treatment with anti-inflammatory medication may allow the narrowed part of bowel to heal. This may allow the capsule to pass through by itself. If the capsule is retained at the top or the bottom of the small bowel it may be possible to retrieve it using an endoscope. In rare cases the small bowel can be severely ulcerated, scarred or blocked and an operation may be needed to remove the capsule and to treat the disease.

6. Who cannot have a capsule endoscopy?

You **must not** have a capsule endoscopy if you are pregnant.

You must inform us if you have a pacemaker, an artificial heart valve, intracranial clips, a cerebral shunt, a cochlear implant or an internal electromedical device, have had previous abdominal surgery, have a swallowing problem or a previous history of blockages in the bowel. It is important for you to recognise early signs of a complication. If you have a fever after the test, trouble swallowing or increasing chest or abdominal pain, please contact us (see section 10).
7. How should I prepare for the procedure?

It is very important that you follow the dietary advice below before the procedure so that there is a clear view of the lining of your small bowel.

Seven days before your Capsule Endoscopy

Stop taking Iron Tablets until after the procedure.

Five days before your Capsule Endoscopy

Stop taking any medications which cause slow bowel motions such as Immodium®, Lomotil® or medications which contain opiates (e.g. codeine phosphate).

Continue with all other medications as usual, including any laxatives, until after your appointment. If you are a diabetic on insulin or diabetic tablets please contact the Capsule Endoscopy Booking Co-ordinator for advice.

Try to drink two litres of clear fluids (eight to ten glasses) per day until the day of the procedure. Clear fluids include tea (no milk), coffee (no milk), squash, non-alcoholic drinks, carbonated drinks, water, clear soups, Bovril®, and Oxo®.
Eat foods from the following list:

- White fish (boiled or steamed)  - Chicken (no skin),
- Egg  - Cheese
- White bread  - Plain muffins
- Butter / margarine  - White pasta
- Tinned peaches / pineapple  - White pasta
- Potato / pumpkin (no skin)  - Rich tea biscuits
- Natural yoghurt  - Plain cottage cheese
- Plain sponge cake  - Clear soups (without bits)
- Cauliflower / asparagus (tips only)

Do not eat:

- High fibre foods  - Red meat
- Pink fish  - Raw fruit / vegetables
- Skins / pips  - Cereals
- Salad  - Mushrooms
- Nuts / seeds  - Sweetcorn
- Wholemeal bread

**The day before your Capsule Endoscopy**

Have a good breakfast of foods taken from the permitted list. You may have a light snack at 11:00.

After this do not eat any solid food until after your procedure but drink plenty of clear fluids. Clear jelly is permitted.
8. What happens on the day of the procedure?

Please wear loose fitting clothing when attending for your test.

Please bring a list of all the medications you are currently taking when you come for your procedure.

Please arrive at the Endoscopy Unit reception at the requested appointment time. The member of staff performing the procedure will meet you.

We will take a brief medical history, note any medications, and explain the procedure. You will then be asked to give your consent for the procedure.

9. Asking for your consent

By law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign the form. If you are unsure about any aspect of the procedure, please speak with a senior member of staff again.

10. What can I expect during the procedure?

We will prepare you for the procedure by applying sensors to your abdomen. We will ask you to swallow the capsule with water. The capsule will pass through the gut while transmitting images to a recorder which you will carry in a shoulder bag for approximately six to eight hours.
You will be able to drink sips of water after you have swallowed the capsule and for the next two hours. You may have a cup of tea or coffee (no milk) two hours after you have swallowed the capsule.

After four hours you can eat something light and after the procedure has finished you can eat normally.

You will then be allowed to leave the hospital whilst the capsule passes through the body. You must make sure you stay nearby so that you are able to return to the Endoscopy Unit six to eight hours later.

Throughout the procedure, you will be asked to check every 15 minutes that the light on the top of the recorder stays on. This signals that the capsule images are being transmitted properly. If at any time the light starts blinking or goes off, record the time and contact the Capsule Endoscopy Nurse Practitioner.

You should avoid doing any exercise or strenuous physical activity, especially bending or activities which cause sweating.

Please contact the Capsule Endoscopy Practitioner if you experience any abdominal pain, nausea or vomiting during the procedure.

Once the procedure is completed we will remove the sensors and the recorder.
11. After your capsule endoscopy

You may go home when the test is complete. The images acquired during your procedure will then be reviewed.

If you have any problems after the procedure such as persistent abdominal pain, nausea and vomiting, please contact us.

You **must not** have Magnetic Resonance Imaging (MRI) or until the capsule has passed out of the body

12. How does the capsule pass out of the body?

The capsule is disposable and passes out with your stool. You should not feel any pain or discomfort.

If you do notice that the capsule has passed out please contact the Capsule Endoscopy Nurse Practitioner.

Please contact the Capsule Nurse Practitioner after 72 hours if the capsule has not passed out. We will review the images to see if the capsule has reached the large bowel. Please do not worry if you do not notice the capsule has passed out.

13. How will I find out about the results of the capsule endoscopy?

Results can take up to four to six weeks to process. This is because of the time it takes to look at the large number of images. Results will be sent to your referring doctor.
14. Contact details

**Capsule Endoscopy Booking Co-ordinator** (Monday to Friday 09:00-17:00)
Direct line: 020 3447 5496
Switchboard: 0845 155 5000 / 020 3456 7890 ext. 75496
E-mail: uclh.referrals.VCE@nhs.net

**Endoscopy Capsule Nurse Practitioner** (Monday to Friday 09:00-17:00)
Mobile: 07973 720116

**Endoscopy Recovery** (Monday to Friday 09:00-17:00)
Direct line: 020 3447 3282
Switchboard: 0845 155 5000 / 020 3456 7890 ext. 73282

**On-call Gastroenterology Registrar** (out of hours emergencies only)
Switchboard: 0845 155 5000 / 020 3456 7890

Address: Endoscopy Unit, University College Hospital, 2nd Floor Podium, 235 Euston Road, London, NW1 2BU

15. Space for notes and questions
16. How to find us

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