Information for Patients having small bowel Capsule Endoscopy

Endoscopy Unit

This booklet has been written to give you an indication of what to expect when you have a small bowel capsule endoscopy. Reading it will help you make an informed decision in relation to agreeing to the investigation.

Why do I need to have a capsule endoscopy?

You have been advised to undergo this investigation of your small bowel to help find the cause of your symptoms, to help with treatment decisions and if necessary to decide on further investigations.

There are many reasons for this investigation including: -

- Iron deficiency anaemia
- You may have bleeding from an area not reachable by conventional Endoscopy.
- To assess the clinical importance of abnormalities found on CT or MRI scans.
- To assess a pre-existing condition e.g., Inflammatory Bowel Disease.

What is a capsule endoscopy?

This test is an accurate way of looking at the lining of the small bowel. The procedure involves swallowing a small capsule (about the size of a large vitamin pill). The capsule will pass naturally through your digestive tract and eventually exit into the toilet, usually when you have your bowels open. You do not need to retrieve the capsule, and it can be flushed away. As it travels through your body the capsule will take approximately 50,000 images. You will need to wear a sensor belt which is positioned around your abdomen. The belt is then attached to a small data recorder box which is supported in a shoulder bag.
The capsule transmits the images it captures to the sensor belt, and these are then stored in the data recorder. The nurse will give you instructions about when you can eat and drink during the procedure and when to bring the equipment back to the department.

What alternatives are there?

You may have had other investigations including MRI or CT scans that have been inconclusive which is why the capsule endoscopy has been requested.

What are the benefits of the procedure?

• It is a non-invasive procedure that provides detailed images of the small intestine.
• It is painless and does not require sedation or pain relief.
• The capsule is easy to swallow, and you can continue your normal daily activities after swallowing it.

What happens if I decide not to have the procedure?

We may not be able to confirm what is causing your symptoms. If you decide not to have the procedure, then you should discuss this with your referring healthcare team.

Preparation:

- Please stop weight loss injections such as Mounjaro 2 weeks before your procedure.
- Stop oral iron 7 days before the procedure.
- Avoid medication containing codeine 3 days before your appointment.
- If you are diabetic, please contact the endoscopy department as you may need to adjust your medication.

For the test to be successful it is necessary to have clear views of your small bowel which is why you need to follow the dietary advice provided below. (S*ome* people may also require a strong laxative before the procedure and if this has been sent out to you, please contact the endoscopy unit so that we can advise you on how and when to take this).

<u>For the 2 days before your appointment, you will need to be on a low fibre diet.</u>

No wholemeal foods, red meat, pastry type foods, fruit or vegetables are to be eaten on either of the 2 days before your appointment.*

Suggestions include:
Soup with no visible bits or vegetables.
Eggs
Jelly (avoiding dark coloured jelly such as blackcurrant)
Skinless chicken or turkey/poached white fish.
Boiled/mashed potatoes (no skin)
White rice/pasta
Yoghurts (without fruit pieces)
Milky drinks
Gravy, dressings & sauces (no relish or chutneys/pickles)
Milk puddings
Custard
Cornflakes/rice crispies

Please stop eating at 6 pm on the evening before your procedure. You may now only have clear fluids, see list below.

Squash/clear drinks (no fresh fruit juice)
Herbal tea
Black tea/black coffee (no milk)
Bovril/Oxo drinks
Flavoured water

Please stop all oral intake 2 hours before your appointment time.

What about my medication?

You should be able to continue with all your usual medication apart from the ones listed above, if you are unsure then please contact the unit.

How long will I be in the endoscopy department?

Initially you can expect to be in the unit for up to an hour as we complete your assessment and set up the equipment. You will also need to return the capsule equipment once the procedure is completed and your nurse will arrange this with you on the day.

What happens when I arrive?

Please wear loose 2-piece clothing on the day e.g., jogging bottoms and T shirt or skirt/trousers with elasticated waist.

When you arrive in the department you will be met by a qualified nurse who will ask you a few questions to complete a medical assessment. During this time the nurse will ensure that you have understood what is involved in the procedure and discuss any concerns or questions that you may have. You will also be asked to sign a consent form.

The Investigation

The nurse will place the sensor belt around your abdomen and then this will be connected to the data recorder box. Before you swallow the capsule, the nurse will give you a small amount of a medication that will help to disperse any air bubbles in your small bowel. You will then be asked to swallow the capsule with a small amount of water.
Once you have swallowed the capsule you may leave the unit.
Before you leave the nurse will give you a day and time to return with the kit and instructions about when you can eat and drink.

You may remove the equipment **only** if you have seen the capsule in the toilet or, the blue light has changed colour to orange or, you want to get ready for bed.

Please place the equipment into a large bag and keep it safe until you return it to the endoscopy department on the agreed day.
Whilst wearing the equipment you should take due care and attention to avoid any accidental damage.

Risks of the procedure

Capsule endoscopy has few risks or complications associated with it.

However:

- Some patients may not pass the capsule naturally and we call this capsule retention. In most cases a retained capsule is not a medical emergency. V*ery rarely* it may result in surgery or endoscopy to remove the capsule and to assess the possible cause. The risk can be higher if you have Crohn's disease, have had radiotherapy or surgery on your tummy, or have been taking anti-inflammatory medication for a while.
- Poor views within the small bowel could mean missed pathology which is why it is important that you follow the diet described above.
- Sometimes the procedure is incomplete because the capsule has not reached the end of the small bowel during the recording time.
- Some patients are unable to swallow the capsule. If this happens, we might advise having a gastroscopy so that we can place the capsule into the first part of your small bowel which is called the duodenum. This cannot always be arranged on the day of a failed test as we would need to arrange an endoscopist and allocate procedure time.

Discharge instructions following a capsule endoscopy.

The capsule normally passes naturally anytime over the next few days and can be disposed of by flushing it down the toilet. Please be advised that you will probably not even be aware that the capsule has passed. You do not need to do anything further as the specialist healthcare team reviewing your video will be checking to see if the capsule has reached the large bowel. Once the capsule is in the large bowel there is very little risk of it not passing naturally, this is called a complete procedure. If there are any concerns that the capsule may still be in the small bowel then they may request an Xray of your tummy. This is to check if the capsule is still inside your body.

It is very rare for a capsule endoscopy to cause any complications. However, if you think that you have not passed the capsule **and** are experiencing severe stomach discomfort, nausea or vomiting or any symptom unusual to you then you should contact your GP or attend your local emergency department. You can also contact the endoscopy unit for advice on the numbers provided below.

The results from your procedure will be forwarded to your GP and the consultant who referred you for the test

IMPORTANT - You should not have an MRI scan unless you have passed the capsule.

Who can I contact with queries and concerns?

If you have any questions before or after your test, please do not hesitate to contact us on the telephone numbers provided below.

General points to remember

If you are unable to keep your appointment, please notify the endoscopy department as soon as possible.

The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

Disclaimer:

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment.

Contact numbers for the Endoscopy unit, Royal Gwent hospital, Newport:

Please call on the numbers below between 8am and 5pm Monday – Friday if you have any queries during or after your procedure.
01633 234759 or 01633 234545

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