

Capsule Endoscopy

Endoscopy Unit

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For any queries, please contact the Clinical Endoscopist Team on 01743 261000 Extension 3141

Opening times

8.00am to 5.00pm Monday to Friday

Introduction

Your doctor has advised that you should have a test called a Capsule Endoscopy.

This procedure will be undertaken at The Royal Shrewsbury Hospital.

This leaflet tells you why you need the investigation and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read this leaflet, please telephone the Clinical Endoscopist team.

What is a Capsule Endoscopy

This is a test which allows us to examine your small bowel to find causes for your symptoms. It involves you wearing a belt and a recording device for a whole day and swallowing a capsule which is a tiny video recorder. The capsule will pass naturally through your digestive tract. As it does so, it sends back images to the recorder, which you will carry with you. In order to improve views of your small bowel, it is important that you carefully follow the preparation instructions.

This procedure is used to find the possible cause for your symptoms. It can be useful in the detection of conditions such as unexplained bleeding, iron deficiency anaemia, Crohn's disease, coeliac disease, leaking blood vessels (angiodysplasia), polyps or tumours in the small bowel.

Dependent on the results of this procedure, which could be normal or abnormal, further tests or treatment may be recommended.

What are the risks of having a Capsule Endoscopy?

- In some people, the capsule may not pass into the large bowel. If we cannot see it passing
 out of your small bowel on the video, you will be sent an x-ray card to have an abdominal
 x-ray to confirm that you have passed the capsule naturally. Uncommonly, if the capsule
 is still present in the small bowel after 14 days then you may require surgery to remove
 it.
- Occasionally, if you cannot swallow the capsule we need to place it with an camera. We would not do this without your consent.
- Rarely, in some people who have problems with swallowing food, the capsule may pass
 down the wrong way and end up in the lungs. Please tell us if you have any such
 swallowing problems as we would discuss placing the capsule with a camera.
- As the capsule is made of metal you cannot have any MRI scans until you have seen the
 capsule pass through you. If you are due an essential MRI scan within 4 weeks, we
 recommend if you have not seen the capsule pass, you have an x-ray before the MRI
 scan.



What if I do not have a Capsule Endoscopy?

- An MRI scan of the small bowel which is often used as a means of assessing the small bowel but is not the first line investigation.
- Double balloon enteroscopy is an endoscopic procedure currently offered in very few hospitals across the country. If your capsule endoscopy suggests an abnormality then you may be referred somewhere else for this procedure.

Things you need to know before your test

If you need an interpreter, please contact the Endoscopy department before your appointment. They will make sure someone is there to interpret for you. Family members cannot do this.

The procedure normally takes up to 10 hours to complete, but you do not need to remain in the department all day.

How to prepare for your test

It is important to follow these instructions carefully. If these are not followed you may need to have the test again.

- For us to have a clear view during the test your bowel must be empty. Enclosed with
 your appointment details is the bowel preparation. The instructions will tell you when to
 eat and drink before your test. Please ensure you follow the instructions on the bowel
 preparation card not on the manufacturers box. For further advice on taking your bowel
 preparation there is a video on our website: https://www.sath.nhs.uk/wards-services/az-services/endoscopy/
- Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time on these premises. Please remove all jewellery other than one wedding band.

Medicine

- If you are a diabetic on tablets or Insulin, please contact the Clinical Endoscopist team as soon as possible to discuss your diabetic treatment before the test. We will ask you for the name of the medicine you are taking. Our pre-assessment team will contact you to give you advice. This will normally be a phone call.
- Keep taking all other medicines as normal (including blood pressure medicines). If you have any concerns, please contact the Endoscopy department.
- Patients on oral contraceptives should take extra precautions for a week from taking the bowel preparation. This would be using condoms or abstaining from sex.



7 days before the test:

• Stop taking iron tablets. Iron makes everything inside your bowel black making it difficult to see during the test.

4 days before the test:

 Stop taking medicine that may cause you to become constipated e.g. Lomotil, Loperamide or Codeine Phosphate.

2 days before the test:

Stop taking Fybogel or any other fibre products.

What should I expect during my visit?

When you arrive at the Endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area. If you feel unwell at any time, please inform the receptionist.

A nurse will invite you into an assessment room to ask you questions about your health and explain about the procedure. You will have the chance to ask any questions that you may have.

We will then attach the sensors to you. This will involve using a special type of belt. The belt is attached to a recorder which you will carry with you. We will then ask you to swallow the video capsule, which is approximately the size of a Jelly Baby sweet using a small amount of water with Infacol in it along with a small tablet called Metoclopramide which will speed up the transit of the capsule into your small bowel. Once we are happy that the capsule is in your stomach you will be able to leave the department.

You can expect to be in the department for up to an hour, we aim to ensure that our patients are seen on time, so please arrive at your appointment time to avoid delays, however please be aware that the Endoscopy Unit often has to deal with emergency cases which may cause delays to your appointment time.

You will continue to wear the recording equipment but should be able to do most of your usual activities.

We will ask you to remove the equipment at 9pm on the day of your procedure and place it in the bag provided. You will return the equipment to the Treatment Centre the following day between 08:00-08:30 and hand to the reception staff.

Consent

The nurse will explain the procedure to you and discuss any potential risks related to the procedure. You will have the opportunity to ask any further questions. You will be asked to sign the consent form confirming you understand and agree to go ahead with the procedure. You can change your mind about having the procedure at any time.



When will I receive the results?

We normally write to your doctor within 2 weeks with the results.



Example of Consent form

Please note this is a copy only and will be signed on the day of

procedure			5	,	

Name of proposed procedure or course of treatment

Patient Agreement to Investigation or Treatment

Capsule endoscopy

Please insert patient label				

- Statement of health professional I have explained the procedure to the patient
 - **Reason for Procedure**

To help find the cause for your symptoms such as: anaemia, diarrhoea, abdominal pain and abdominal imaging (CT or MRI)

The Intended Benefits

Diagnosis and surveillance of a variety of gastrointestinal disorders

- > Serious or frequently occurring risks: -
 - Frequently occurring risks Too slow or too fast passage through the small bowel Incomplete study, Equipment failure, missed lesion
 - Serious risks Capsule retention (risk varies depending on the clinical context and is between 1.5% -13%, Aspiration
- > Extra procedures which may become necessary during/after the Capsule Endoscopy study:

Administration of a drug (Metoclopramide) to accelerate gastric emptying, Endoscopy to place capsule in small bowel.

- > I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.
- The following leaflet has been provided: Capsule Endoscopy □



Patient Agreement to Investigation or Treatment: -

Capsule Endoscopy

Please insert patient label

Please read this form carefully. If this treatment has been planned in advance, you should already have your own copy of page 1 which describes the risk and benefits of the proposed investigation. If not you will be offered a copy now.

will be	e offered a copy now.	
Name	PRINT)	confirm as follows:
	I understand that I am able to decide not to have this in	vestigation.
	I have been provided with a patient information leaflet. I understand it. I have had an opportunity to ask question	
	I understand that there are risks associated with this investion with me, I have had an opportunity to ask questions about information into account in deciding to proceed.	<u> </u>
	I understand that there are alternative options, including the risks and benefits I wish to proceed with the investig	
	I understand that the procedure will be undertaken by a under direct supervision but that no guarantee can othe of that person.	• •
	I do not need any additional time to consider matters be	efore signing this form.
	I understand that any procedure in addition to those desout if it is necessary to save my life or prevent serious h	The state of the s

Additional information is available from

If you are worried or have any questions, please do not hesitate to contact the Endoscopy Booking Office.

• For further information on a patient's journey please refer to the link below:

https://www.sath.nhs.uk/wards-services/az-services/endoscopy/

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

• Telephone: 111 (free from a landline or mobile)

• Website: www.nhs.uk

Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns. They can also help you get support from other local or national agencies. PALS is a confidential service.

Royal Shrewsbury Hospital Tel: 01743 261000 Ext 1691 Princess Royal Hospital, Telford Tel: 01952 641222 Ext 4382

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. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

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