

# Colon 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 Clinician has advised that you should have a test called a Colon 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 Colon Capsule Endoscopy

This is a test which allows us to examine your large 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 are wearing.

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, leaking blood vessels (angiodysplasia), polyps or tumours in the large bowel.

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

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

## What are the risks of having a Colon 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 Endoscope. 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 an endoscope.
- 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 that, if you have not seen the capsule pass, you have an x-ray before the MRI scan.

## What if I do not have a Colon Capsule Endoscopy?

- A colonoscopy could be offered as an alternative test to a colon capsule.
- A CT Colonoscopy could also be used as an alternative test, however this cannot identify abnormalities such as angiodysplasia and also exposes you to radiation.

# 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 interpret for you.

Contact the department if you have a pacemaker or defibrillator.

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.

**Please follow the below bowel preparation instructions in this letter, not on the enclosed bowel preparation card. This is to provide you with the low fibre diet information.**

- The day prior to your procedure – you must have **nothing to eat** until after your procedure. You can continue to drink clear fluids, water, lemonade, tea and coffee with NO milk.
- **On the evening prior to your appointment** – Make up the first dose of bowel prep and start taking it at 20.00 (8pm). Drink this solution over 1hour. Try to drink a glassful every 10-15 minutes. If you find this difficult, try chilling the mixture and drinking it through a straw.
- **It is important to drink at least an additional 500mls of clear fluids during this process to ensure that you remain hydrated.**
- **On the morning of your procedure** – Make up the second dose of your bowel prep and start taking it at 05:00 (5 am).
- **It is important to drink at least an additional 500mls of clear fluids during this process to ensure that you remain hydrated.**
- **Stop drinking 2 hours before appointment**

- 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 Clinical Endoscopist Team.
- 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.

### 3 days before the test:

- Commence low residue diet (see diet sheet)

### 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.

Firstly, you will be seen for a booster medication which needs to be taken one hour before the capsule itself, which will speed up the transit of the capsule into your small bowel.

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.

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.

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 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. Before you go, you will be given booster medication with instructions of how to use it throughout the day, these medications accelerate passage of the capsule through the small bowel to ensure sufficient battery life for the examination of the large bowel.

You can expect to be in the department for up to 2 hours. 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.

## After the Colon Capsule Endoscopy

You will continue to wear the recording equipment but should be able to do most of your usual activities, however due to the boosters we advise that you remain at home throughout the day.

You will be required to take booster medication throughout the day of your procedure (this is to ensure a timely transit into your large bowel), the recorder will alarm during the day and alert when you need to take the boosters.

You will be required to remain on clear fluids until you pass the capsule or the recorder shows alert 4 (whichever is sooner).

You can remove the equipment after you have passed the capsule or if you do not see it pass, at 9pm on the evening of your procedure. Place the recorder and belt in the bag provided. You do not need to retrieve the capsule – this is flushed away down the toilet.

**You must return the equipment to the Treatment Centre at Shrewsbury Hospital the following day between 08:00-08:30 and hand to the reception staff. This is to enable the video to be downloaded.**

## 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 your procedure

## Patient Agreement to Investigation or Treatment

Please insert patient label

➤ **Name of proposed procedure or course of treatment**

Capsule endoscopy

➤ **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.

Name (PRINT) ..... confirm as follows:

- I understand that I am able to decide not to have this investigation.
- I have been provided with a patient information leaflet. I have read this and I was able to understand it. I have had an opportunity to ask questions about the leaflet.
- I understand that there are risks associated with this investigation. These have been discussed with me, I have had an opportunity to ask questions about them, and I have taken this information into account in deciding to proceed.
- I understand that there are alternative options, including doing nothing, but taking into account the risks and benefits I wish to proceed with the investigation listed on this consent form.
- I understand that the procedure will be undertaken by a suitably qualified Endoscopist or trainee under direct supervision but that no guarantee can otherwise be given as to the specific identity of that person.
- I do not need any additional time to consider matters before signing this form.
- I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or prevent serious harm to my health



# Additional information is available from

If you are worried or have any questions, please do not hesitate to contact the Clinical Endoscopist Team.

- 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](http://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  
Princess Royal Hospital, Telford

Tel: 01743 261000 Ext 1691  
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.

## Website: [www.sath.nhs.uk](http://www.sath.nhs.uk)

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