

Capsule endoscopy



Capsule endoscopy is a test that is used to look at the inside gastrointestinal tract, in particular the small bowel (small intestine).

The most common use of Capsule endoscopy is to look for causes of anaemia, and bleeding, and is used after other tests such as colonoscopy and gastroscopy have been done, with normal results.

Capsule endoscopy involves swallowing a capsule, which is the size of a large jellybean. The capsule contains a camera, and takes thousands of photos of the inside of the gastrointestinal tract, over 8 - 12 hours.

The photos are sent to a recorder that is worn over the shoulder. Electrodes are also be taped to the chest and abdomen.

It is important to ensure that the capsule can be swallowed before the day of the test. It is advisable to practice beforehand using large jellybeans.

If the capsule is unable to be swallowed, then it will need to be placed in the stomach during a gastroscopy.



Preparing for Capsule endoscopy

Iron tablets must be stopped 7 days beforehand

Other preparation for Capsule endoscopy will include fasting and some bowel preparation. Detailed information will be given beforehand

Start of Capsule endoscopy

Details of the test will be explained

Electrodes (sticky discs) will be attached to the chest and abdomen

The electrodes will be plugged into the recorder

The patient will usually be given some Infacol to drink. This is to lessen the number of bubbles in the stomach and small bowel, and allows for better images

The capsule container is opened, and the capsule is taken by placing it on the back of the tongue, and swallowing it with a small amount of water

The recorder is placed over the shoulder

During the Capsule endoscopy

The recording will continue for 8-12 hours

After discussion with the nurse, the patient can return at the end of the day, or the following morning

The recorder has a flashing blue light, that continues to flash while it is recording (capturing images)

If the blue light stops flashing the recording has stopped

If this happens, it means that either

- one or more of the electrodes have become loose
- the capsule has passed into the toilet
- the battery of the capsule or the recorder is flat

If the recording has been running for at least 8 hours, the electrodes can be removed from the chest, and the test stopped.

If the recording has been continuing for less than 8 hours

- check that the electrodes are still stuck to the skin, and apply more tape if needed
- check if the capsule has been passed into the toilet.

If the blue light doesn't restart flashing, please remove electrodes, and stop the test

Instructions during the study

For 2 hours after swallowing the capsule , the patient must fast completely

For 2 - 4 hours after swallowing the capsule, the patient can have clear drinks only

From 4 hours after swallowing the capsule, food and milk can be consumed.

No drinks with bubbles can be drunk during the study - no soft drink or sparkling water

Avoid vigorous activity during the study

Continue gentle activity such as walking,

If the patient experiences abdominal pain or vomiting, please call gastroenterology, or present to the Emergency Department

Check that the blue light on the recorder continues to be flashing

Check the toilet bowl to see if the capsule has been passed whenever a bowel action has occurred (the capsule does not need to be collected)

Avoid strong sunlight

Avoid airports and large shopping centres, where security systems may interfere with the Capsule endoscopy equipment

The end of the study

Return to the hospital at the agreed time

The electrodes will be gently removed from the chest / abdomen (if they have not already been removed)

The recorder will be placed in its dock, and the thousands of photos will be copied to the computer over several hours

The gastroenterologist will review and report on the test at a later date, and will contact you with the results

Possible risks of Capsule endoscopy

It is possible, but unlikely, that the capsule may become stuck in the bowel if there is an unexpected narrowing

Abdominal pain and vomiting may occur if the capsule becomes stuck. If this happens, please go to RCH Emergency Department

If a narrowing is suspected, then a dissolvable patency capsule test may be done in advance

In the unlikely, but possible event of the capsule getting stuck, then an operation may be needed to remove the capsule, and correct the cause of the blockage

