

Patient information

Small Bowel Capsule Endoscopy

Gastroenterology / Endoscopy Department Aintree Hospital

You have been invited for a Small Bowel Capsule Endoscopy. Please read this information carefully to prepare for your procedure. We hope this booklet will answer most of your questions however, if you would like to speak to somebody about the procedure please contact the Administrative Endoscopy Unit on the number shown above.

Patient's name:

NHS No:

Your appointment is on **at**

General points to remember

- We aim for you to be seen as close to your appointment time as possible however, the Endoscopy Unit is very busy, and your investigation may be delayed due to circumstances outside of our control. We will always prioritise clinically unwell patients.
- The hospital will not accept any responsibility for the loss or damage to personal property during your time on these premises. You are reminded to always keep your belongings with you. Please do not bring valuables to your appointment.
- Please make every effort to attend the appointment you have been given. If you are unable to keep your appointment please notify the Capsule Endoscopy service as soon as possible on the following numbers

Capsule Lead Nurse : 0151 529 3555 / 0385

Booking Team : 0151 529 0604 / 0403 / 5317

What is a Small Bowel Capsule Endoscopy

You have been referred for a procedure known as a Small Bowel/Small Intestine Capsule Endoscopy (PillCam, Video Capsule, CE, WCE wireless capsule endoscopy).

This is an examination of your small bowel. The small bowel is the part of the gastrointestinal tract between the stomach and large bowel (colon). The bowel is small in diameter, but between 3 and 5 metres long. The procedure involves ingesting a small capsule (the size of a large vitamin pill) which will naturally pass through your bowel whilst recording images of the gut. The images are transmitted to a belt worn around your waist.

You will be expected to wear a belt and a handbag with a recording device on the day. The belt is attached to a small data recorder which saves all images being transmitted. It is placed in the recorder holder which is worn on your shoulder. After approximately 8 hours the recorder will be removed.

Why do I need a capsule endoscopy?

A capsule endoscopy is most commonly performed when conventional endoscopy (gastroscopy and colonoscopy) has failed to reveal a cause for your symptoms.

How is the test done?

The capsule is the size of a large vitamin pill and it measures in size 26 x 11mm. It contains a tiny video camera on a silicone chip, which is powered by 2 tiny batteries and a wireless transmitter.

You will be asked to wear some sensor stickers on your abdomen or a belt around your waist. These will transmit the photographs the capsule is taking to a data recorder (pocket size computer), which you will carry in a shoulder bag.

The whole process takes approximately 8 - 10 hours. We usually give the pill camera in the morning and will keep you in the Unit until we are satisfied that the capsule has left your stomach. This usually takes approximately 30-40mins.

Once the capsule has left your stomach, you will be able to leave the Unit with the equipment and you will be given further instructions of when you can begin to eat and drink. You can resume your daily activities afterwards. Please avoid any extreme activities to protect the equipment and the signal of the recorders.

Once the test is completed you must return the equipment to the Unit later that same day, at the time given to you. This is usually 8 hours following the time you swallowed the capsule.

Very occasionally, you may need to stay at the Unit for the duration of the test rather than going home.

The images are then downloaded from the data recorder to a computer to create a video. The video can then be reviewed by the specialist Gastroenterologist. Results will be sent to referrer and your GP. This usually takes approximately 6 weeks.

What are the risks of a Small Bowel Capsule Endoscopy?

The capsule is well-tolerated and side effects are rare. The capsule is disposable and will be excreted naturally with your bowel movement.

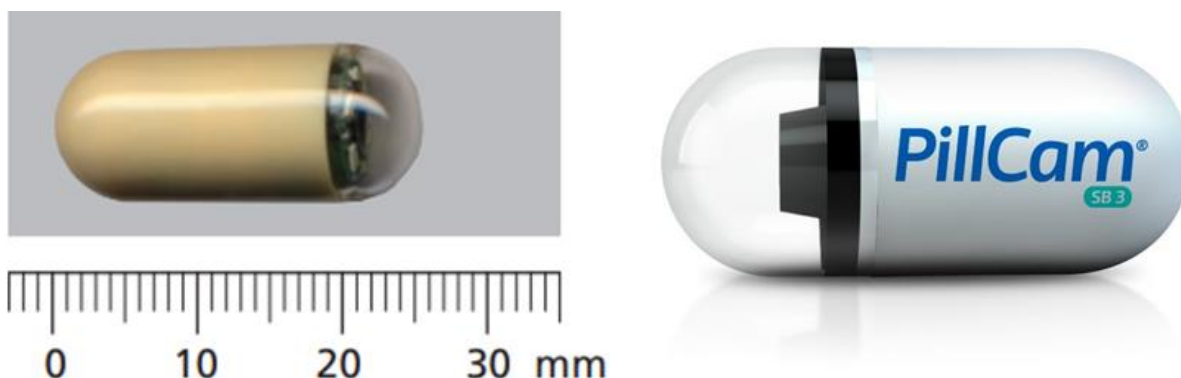
In the extremely rare case that it will not be excreted naturally (due to a potential small bowel obstruction) you could get symptoms of abdominal pain and vomiting. The capsule might take up to 2 weeks to pass naturally through your bowel movement. If that does not happen, which is very rare, we would organise for you to perform an X-ray to find the location of the capsule and if obstructing the small bowel this could result in an endoscopic procedure or surgery to remove the capsule.

If you have an implanted device such as a pacemaker or internal defibrillator for heart problems, please contact the department on the advised telephone number. The Capsule Nurse Specialist or the Consultant gastroenterologist, would be able to advise you if further action is required.

Are there any alternatives to a Capsule Endoscopy?

Capsule Endoscopy is usually used when other methods such as: Gastroscopy, Colonoscopy and/or Enteroscopy have failed to provide a diagnosis.

Alternatives like Double Balloon Enteroscopy involve passing a long endoscope all the way down in to the small bowel. This is more invasive and carries a greater risk.



Preparing for your Capsule Endoscopy

Important: If you have diabetes please read the specific instructions for patients with diabetes on page 6.

If you take any oral iron tablets (ie Ferrous Sulphate, Ferrous Gluconate, multivitamins containing iron) these must be stopped 7 days before your procedure date.

In order to have clear views of the small bowel, it must be empty. This means that you will have to restrict your food intake before the test.

Two days before your procedure:

You will need to eat low-fibre foods and considerably increase your fluid intake.

Foods allowed:

Lean tender lamb, beef, pork, chicken, turkey, offal, bacon, lean ham, fish, Yorkshire pudding pancakes: bread sauce; clear and pureed soups; potato (no skins) boiled and mashed; tomato pulp (no skins or pips); spaghetti and pasta; white rice, crisps; pastry made with white flour, white bread, cornflakes, and rice crispies. rosehip syrup, Ribena; sugar or glucose in small amounts; boiled sweets, toffees; plain or milk chocolate; sponge cake, Madeira cake; smooth biscuits, e.g. Marie, Osborne; shortcake, water biscuits, cream crackers, ice cream, iced lollies; plain or flavoured yoghurt; jelly, marmalade; honey, syrup; tea and coffee, fizzy drinks, fruit juice (if tolerated);

Foods to be avoided

Fruit and vegetables, wholemeal, wheat meal, granary bread, wholemeal flour; Bran biscuits, coconut biscuits; all cereals containing bran or whole-wheat, e.g.; shredded wheat, bran flakes, bran buds, muesli; digestive biscuits; Ryvita, Vita Wheat, oat cakes, etc.

The day before your procedure:

You should eat no solid foods today after breakfast; you may have clear fluids only.

Fluids allowed:

Tea (no milk), black coffee, water, strained fruit juice, strained tomato juice, fruit squash, soda water, tonic water, lemonade, oxo, Bovril, marmite (mixed into weak drinks with hot water), clear soups and broths, consommé. You may eat clear jellies, You may suck clear boiled sweets and clear mints. You may add sugar or glucose to your drinks.

Bowel preparation (ONLY for those identified as required)

Use of bowel prep is reserved for a minority of patients.

We currently use **Moviprep®** or **Plenvu** most commonly. Please read the following instructions for the bowel preparation you have been sent with this leaflet. If you are taking Moviprep or Plenvu, please dissolve the first sachet into one litre of water at 4pm and drink this over the next couple of hours. **Between 6-8pm** please dissolve the second sachet into a litre of water and drink over a couple of hours. If you take oral medications, do not take it an hour either side of drinking your dose of bowel prep. After you drink the bowel prep you will have lots of watery bowel movements, so stay near a toilet because you may need to use it urgently.

Very occasionally people are unable to take the bowel preparation for medical reasons. If this is the case you must stay on clear fluids only following breakfast.

You may mix your sachets with cordial if you require (avoiding red or blackcurrant). Loose bowel movements may occur any time after the first sachet.

There is a risk of developing dehydration, low blood pressure or kidney problems with this medication. The person prescribing the oral bowel cleansing agent will have assessed your risk and identified the most appropriate medication for you. You may also have had a blood test to check your kidney function.

Oral bowel cleansing agents can cause dehydration. **You should maintain a good fluid intake whilst taking these medications.** If you develop the symptoms of dehydration, and cannot increase your fluid intake, then you should seek medical attention. These symptoms include dizziness or light-headedness (particularly on standing up), thirst, or a reduced urine production.

Please drink water only from 9:00pm the night before your appointment.

Do not drink anything past midnight.

The day of your Small Bowel Capsule Endoscopy

What will happen when I arrive?

Please arrive at strictly 08:00am dressed in comfortable clothing. You will then have a quick pre-procedure interview where you will be informed of the risks and benefits of the procedure. You will then be asked to sign a consent form for the procedure and the Equipment Safety.

A belt will be placed around your waist which contains a sensor and this will be connected to the data recorder which you will wear in a holder on your shoulder. Once fitted and image can be seen on the data recorder you will be given a capsule to swallow.

MRI scanning is not permitted until the pillcam has been excreted from the body. It is therefore essential that you inform the referring physician. Especially if you cannot positively verify the excretion of the capsule from your body

Please tell us if you are pregnant as the capsule endoscopy should not be performed during pregnancy.

Please tell us if you are on anti – inflammatory tablets for more than six consecutive months.

What happens after I swallow the Capsule?

The capsule should be swallowed at 08:00 am. You will then be asked to walk for 30 minutes and then return to the CNS.

Once established that the capsule has passed the stomach, you may go home and come back at 16:00 pm the same day. On the event that this is not possible, you need to agree with the CNS a suitable time to return the capsule equipment the following morning.

You will be given instructions on when to drink and eat after the procedure.

At 4pm if the capsule is in the small bowel the equipment will then be removed. If the images still show the capsule in still in small bowel you may be asked to wait a little while longer. Once the equipment is removed you will be able to go home.

If you should develop any unexplained post procedure nausea, abdominal pain or vomiting, contact us straight away (during working hours).

Otherwise please attend A&E and mention you had a capsule Endoscopy.

Until the completion of the capsule test we advise that you should avoid being near any powerful electromagnetic fields such as one created near an MRI device (x-ray) or amateur (ham) radio, as some images may be lost due to radio interference.

How will I find out the results of the test?

The capsule take approximately 2 weeks to report on and the results will go direct to the referring Consultant.

Specific instructions - Only for Patients with Diabetes

Treatment with tablets

- The day before the procedure – With or Without Bowel Prep
Aim to replace your usual carbohydrate intake from the list of permitted clear fluids. You should also sip slowly at regular intervals (breakfast-midday-teatime and bedtime) a supplement drink (Ensure Plus Juice©, 220 ml cartons-52 grams of carbohydrate, sugars 32 grams-different flavours available) to make up for your carbohydrate allowance. These drinks will be either prescribed by your GP or given to you when your procedure is arranged.

You should continue to take your usual diabetes tablets and check your blood sugar levels four times a day or more frequently if you feel unwell.

If you take Gliclazide, Glibenclamide, Tolbutamide, Repaglinide, Glimepiride or exenatide you should not take your evening dose.

You should aim to drink a glass of clear fluid every hour up until bedtime. No alcohol is allowed.

- On the day of the procedure
You should not eat or drink before you attend for your appointment. Do not take your morning dosage of tablets but bring these with you to have after the procedure. Your tablets can be taken as soon as you are able to eat and drink safely.

Car Parking

The Trust's five-floor, multi-storey car park has space for 1,250 vehicles including 50 disabled parking spaces. The multi-storey is located at the rear of the hospital, in front of the Elective Care Centre and is connected by a link bridge. This is the ideal location to access the Endoscopy Unit which is situated on the 3rd Floor of the Elective Care Centre. There is a charge for car parking at Aintree Hospital. For further information on the charges please see the Aintree Hospital website:

www.aintreehospital.nhs.uk/your-visit/travelling-by-car/car-parking/
or telephone the Customer Services Department on 0151 529 3287

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

**Aintree University Hospital
Liverpool University Hospital NHS Foundation Trust
Elective Care Centre 3rd Floor
Lower Lane
Liverpool
L9 7AL**

Websites

www.aboutmyhealth.org – for support and information you can trust.

www.corecharity.org.uk – Digestive Disorders Foundation

**Author Reviewed by: Dr Calvin Luces –Consultant Gastroenterologist
Capsule Lead and Shaheen Mumtaz-Wong- Endoscopy Matron
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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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زانیاری پیوهندیار بهو نهخوشانهی له لایمن تراستهوه پهسهند کراون، نهگسر داوا بکریت له فورماتیکانی تر دا بریتی له زمانهکانی تر، نیزی رید (هاسان خویندنهوه)، چاپی گهوره، شریتی دهنگ، هیلی موون و ئهلیکترۆنیکی همیه.

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