

# WHAT IS CAPSULE ENDOSCOPY

Capsule endoscopy is an effective procedure to visualize the small bowel. The procedure involves the patient swallowing the capsule, which travels naturally through the digestive tract and is then excreted. As the capsule passes through the digestive tract images are captured and sent wirelessly to a recording device, where the images are stored. During the procedure the patient carries the recording device while going about normal daily life. After returning the recording device to the clinic, the physician will review the images.



## Benefits of Capsule Endoscopy

Capsule endoscopy is a standard test for diagnosing disease of the small bowel. The procedure is non-invasive and requires no-sedation.

## What is the capsule?

The capsule is the size of a large vitamin pill (11mm x 24mm) and contains a color camera, batteries and light source. The capsule captures images at three frames per second for at least 11 hours.

# Capsule Endoscopy – Procedure Overview

## Day before the procedure

**Lunch:** Patient can have a normal meal around noon, followed by a clear liquid diet as instructed by the physician.

**Fast for at least 12 hours prior to the examination. Only water may be ingested during the 12 hour period.**

**Laxative preparation:** The physician may or may not provide a laxative preparation to be ingested prior to the procedure. Details will be provided by the physician.

**Note:** Physician may recommend an alternative preparation procedure. Patients should stop taking iron supplements 1 week before the procedure and any other medication 2 hours prior to the procedure; as advised by the physician.

## Day of the procedure

Wear comfortable and loose clothing and do not apply lotions or perfumes.

Arrive at the hospital early in the morning for placement of sensor pads and ingestion of the capsule.

Patient should drink 250ml of water per hour during the procedure.

**+** Four hours after ingesting the capsule, the patient may have a light lunch. The patient may have a normal meal 8 hours after the ingestion of the capsule.

Return receiver to the clinic at the specified time.

## After the procedure

If you were to develop any abdominal pain, bloating or constipation please contact the doctor or nurse on 9790 0188.

## Results

Physician will review the images and contact the patient as required.

# Indications

## Intended for patients with:

- +** iron deficiency anaemia and suspected obscure gastrointestinal bleeding
- diagnosis of early or suspected small bowel Crohn's disease
- +** detection of benign or malignant small intestinal tumors
- +** abdominal pain, severe diarrhea and weight loss
- +** suspected mal-absorption disorder such as celiac disease

**Note:** Subject to local regulations.

## Not intended for patients:

- with known or suspected gastrointestinal tract obstructions, perforations, strictures or fistula
- 4: who have difficulty swallowing
- +** with slow or delayed digestion
- ◆** who are pregnant
- with epilepsy, heart disease
- with diverticulosis of the small bowel

## Side Effects

Capsule endoscopy is a well-tolerated and safe procedure and side effects are rare. The main risk is capsule retention, which is estimated to occur in fewer than 0.75% of cases. In the rare instances when this occurs further medical treatment may be required. Discuss concerns with your physician.

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## **CAPSULE ENDOSCOPY** **CONSENT FORM**

Your doctor has organised for you to have a capsule Endoscopy test. This test is sometimes referred to as a Pillcam.

The test is painless and generally very well tolerated. It involves you swallowing a small capsule the size of a large vitamin tablet. The capsule contains a camera that takes photos of the intestines. The capsule sends these photos to a recorder which you wear on your belt during the study. At the end of the day, the pictures are put onto a computer and can be reviewed by your doctor. There is no anaesthetic or sedation involved.

While the test is successful in the majority of patients there are some important things you need to know.

1. In about 20% of people (2 in every 10 patients) the capsule does not reach the large intestine before the end of the procedure. This means that there is some intestine that has not been photographed and so it is impossible to be sure that something has not been missed.
2. In less than 1% (1 in 100 patients) there is an unrecognized narrowing in the intestine which causes the capsule to get stuck. Whilst this is usually painless, it may mean that the capsule needs to be retrieved by either a gastroscopy, colonoscopy or even on occasion an operation.
3. The capsule contains metal and so you should avoid tests such as an MRI scan, that can interact with metal until you are sure the capsule has passed.
4. The capsule sends the pictures to the recorder via an electronic signal.

**There is a non-rebatable ‘Facility Fee’ of \$150.00 payable prior to the procedure. The residual amount will be sent directly to Medicare on your behalf.**

I have read the above information and have been given the opportunity to discuss the procedure with the doctor. I understand I can cancel the procedure at any time if I am not happy to proceed. I request the procedure now be undertaken.

**Date:**

**Patient :** Print Name:.....

Signature:.....

**Witness:** Print Name:.....

Signature:.....

**Patient Name:**.....

**Examination Date:**.....

**File No:**.....

**Referral Doctor:**.....

**General Practitioner (GP):**.....