



Endoscopy Unit

Colonic and Pan-Enteric Capsule Endoscopy

A patient's guide

This booklet contains instructions you must follow to have your bowel cleaned for your capsule endoscopy procedure.

Please bring this booklet with you to your appointment



1. Introduction

This leaflet is about colonic and pan-enteric capsule endoscopy. These are procedures which look at the lining of the large bowel (colon) or both the small and large bowel. The colon is the last part of the gut. The small bowel is the part that links the stomach to the colon.

Please read this information carefully and make sure you follow the instructions about how to prepare. Please ask if you have any further questions before you attend for the procedure.

2. Why do I need a colonic or a pan-enteric capsule endoscopy?

A colonic capsule endoscopy is usually done when patients are unable or do not wish to have a colonoscopy to examine the colon. This procedure is an alternative to a colonoscopy (a procedure performed with a flexible camera which is inserted into the back passage).

A pan-enteric endoscopy is usually done when patients have symptoms which suggest chronic inflammation of the gut (such as Crohn's disease) or when they already have such a diagnosis and they need repeat assessment.

3. How is the procedure done?

The capsule is the size of a large vitamin pill (32 millimetres by 12 millimetres). The capsule contains two tiny cameras. You will be asked to swallow the capsule after following a low fibre diet for five days and taking medication to empty your bowel. The capsule takes images which are transferred to a recorder which you will carry around in a shoulder bag. We will also attach sensors to your abdomen using sticky pads or a belt.

This is a lengthy process and you may need to be in hospital for most of the day (up to eight hours).

For a small number of patients, we will send the capsule to your home by courier so that you can have the procedure at home. We will give you separate instructions if this is the case.

We usually begin the procedure in the morning. Thirty minutes after you swallow the capsule we will check to ensure it has left your stomach. This is because the stomach is very slow to empty for some people. If we know your stomach is very slow to empty, we may give you some medication to increase the movement in your stomach. During the procedure you will be given medication to help move the capsule through the gut. You will not be able to eat anything for most of the day.

The equipment is removed after the capsule has passed out of the body.

If you are having a pan-enteric capsule endoscopy because you have or may have Crohn's disease, you may be asked to swallow a capsule which breaks down in the bowel (a patency capsule) a few days before the actual procedure. This is to make sure that your small bowel does not contain any areas of narrowing (called strictures) which might result in the capsule getting stuck.



4. Are there complications or risks?

There is a small risk that the procedure may need to be repeated if:

- The colon is not empty enough to see anything.
- The capsule runs out of battery before passing through the whole colon (this usually happens when the bowel is not empty enough).
- The camera moves through the bowel too quickly.

We will contact you to arrange a new appointment if this is needed.

The main risk of colonic and pan-enteric capsule endoscopy is the failure of the capsule to pass through the small bowel. This risk is less than one in 100 patients. The risk can be higher if you have Crohn's disease. This is why we ask these patients to swallow a patency capsule first.

You may get side-effects from the medication to empty your bowel. You will need to take this medication the day before the procedure.

You **must not** have an MRI scan or be near an MRI scanner until the capsule has passed out of the body.

Please tell us if you are pregnant as the procedure **must not** be performed during pregnancy.

If you have a cardiac pacemaker or internal electromedical device please let us know.

5. What happens if the capsule does not pass through the bowel?

The most common reason for the capsule not passing through the small bowel is Crohn's disease. Crohn's disease causes the bowel to become inflamed and narrowed. Treatment with anti-inflammatory medication may allow the narrowed part of the bowel to heal. This may allow the capsule to pass through by itself. If the capsule is stuck at the top or the bottom of the small bowel it may be possible to retrieve it using an endoscope. In rare cases the small bowel can be severely ulcerated, scarred or blocked and an operation may be needed to remove the capsule and to treat the disease.

6. How should I prepare for the procedure?

Bowel preparation is an essential part of the procedure. This involves changes to your diet and the use of medication to empty your bowel.

Most patients will be given medication called Moviprep[®]. Moviprep[®] is designed to clean the bowel out so it is sensible to stay near a toilet. You should expect diarrhoea to start a few hours after the first dose of Moviprep[®]. You should also expect some crampy tummy pain. You may find your bottom gets sore from going to the toilet so often. To prevent soreness, you may apply petroleum jelly (such as Vaseline[®]) or a barrier cream (such as Sudocrem[®] or Drapolene[®]) to your bottom after you get to the toilet.



Please read the patient information leaflet enclosed in the Moviprep[®] packet. Please follow the instructions in this booklet about when to take it.

Fibre in your diet takes a long time to be digested and can still be present in your bowel even after taking all of the Moviprep[®]. We recommend that you eat a low fibre diet for several days before the procedure.

Seven days before your procedure

Stop taking iron tablets until after the procedure.

Five days before your procedure

Stop taking any medications which cause slow bowel motions such as Immodium[®] or medications which contain opiates (e.g. codeine phosphate).

Continue with all other medications as usual, including any laxatives, until after your appointment. If you are a diabetic on insulin or diabetic tablets please contact the Capsule Endoscopy Booking Co-ordinator for advice.

Try to drink two litres of clear fluids (eight to ten glasses) per day until the day of the procedure. Clear fluids include tea (no milk), coffee (no milk), squash, non-alcoholic drinks, carbonated drinks, water, clear soups, Bovril[®], and Oxo[®].

Eat foods from the following list:

- White fish (boiled or steamed)
- Egg
- White bread
- Butter / margarine
- Tinned peaches / pineapple
- Potato / pumpkin (no skin)
- Natural yoghurt
- Plain sponge cake
- Cauliflower / asparagus (tips only)
- Chicken (no skin),
- Cheese
- Plain muffins
- White pasta
- White rice
- Rich tea biscuits
- Plain cottage cheese
- Clear soup (without bits)

Do not eat:

- High fibre foods
- Pink fish
- Skins / pips
- Salad
- Nuts / seeds
- Wholemeal bread
- Red meat
- Raw fruit / vegetables
- Cereals
- Mushrooms
- Sweetcorn



The day before your procedure

Have a good breakfast of foods from the permitted list.

After this do not eat any solid food until after your procedure.
Drink plenty of clear fluids. Clear jelly is permitted.

At 19:00 follow the instructions and dissolve the first sachet of Moviprep[®] powder into one litre of water and drink this over the next two hours. Please continue to drink **clear fluids only** until your appointment.

7. What happens on the day of the procedure?

At 06:00 on the morning of the procedure, please take the second packet of Moviprep[®] to ensure the bowel is empty and clean.

Do not take any of your usual medications until after the procedure unless we tell you otherwise. Please have your usual medications with you so that you can take them after you have had your procedure. We will tell you when to do this.

Please wear loose fitting clothing when attending for your procedure.

Please arrive at the Endoscopy Unit reception at the requested appointment time. The member of staff performing the procedure will meet you.

We will take a brief medical history, note any medications you are taking, and explain the procedure. You will then be asked to give your consent for the procedure.

8. Asking for your consent

By law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign the form. If you are unsure about any aspect of the procedure, please speak with a member of staff again. Remember that if you change your mind you can withdraw your consent at any time.

It may be helpful for you to write down any questions or concerns you have as a reminder so that you make sure you ask about them. Please contact us before the procedure if you wish to discuss anything.

9. What can I expect during the procedure?

We will prepare you for the procedure by applying sensors to your abdomen. We will ask you to swallow the capsule with water.

If the capsule has not passed through the stomach 30 minutes after swallowing, we will ask you to take a tablet called **metoclopramide** which will help the capsule move through.



During the procedure the recorder will beep to let you know that you must take action.

At the **first beep** of the recorder you must drink **30 millilitres of Phospho-soda[®]** and **50 millilitres of Gastrografin[®]** solution diluted in one litre of water. This is to help the capsule move through your bowel and make sure it is empty.



At the **second beep** of the recorder you must drink **15 millilitres of Phospho-soda[®]** and **50 millilitres of Gastrografin[®]** solution diluted in 500 millilitres of water.

Sometimes the capsule passes out of the body by itself. If the capsule has not yet passed out of the body at the **third beep** of the recorder, you will need to take a bisacodyl suppository.



On the next page there is a diagram of the bowel preparation regime.



Bowel preparation before and during the procedure

Day before procedure	<p>19:00 - one sachet of Moviprep[®] in one litre of water the night before the procedure</p>
Day of procedure	<p>06:00 - one sachet of Moviprep[®] in one litre of water on the morning of the procedure</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Swallow capsule</p> <p style="text-align: center;">↓</p> <p>After 30 minutes – if the capsule is in the stomach, take one metoclopramide 10mg tablet</p> <p style="text-align: center;">↓</p> <p>First bleep – drink 30ml Phospho-soda[®] and 50ml Gastrografin[®] diluted in one litre of water</p> <p style="text-align: center;">↓</p> <p>Second bleep – drink 15ml Phospho-soda[®] and 50ml Gastrografin[®] diluted in 500ml of water</p> <p style="text-align: center;">↓</p> <p>You may have a snack half an hour after drinking the second course of diluted medication</p> <p style="text-align: center;">↓</p> <p>Third bleep – insert one bisacodyl 10mg suppository if the capsule has not passed out of the body</p>



You will be able to drink clear fluids after you have swallowed the capsule. You may have a light snack thirty minutes after taking the medication after the second beep. After the procedure has finished you can eat normally.

Throughout the procedure, you will be asked to check every fifteen minutes that the light on the top of the recorder continues to blink. This shows that the images are being transmitted properly. If at any time the recorder stops blinking, record the time and contact the Capsule Endoscopy Nurse Practitioner.

You should avoid doing any exercise or strenuous physical activity, especially bending or activities which cause sweating.

Please contact the Capsule Endoscopy Practitioner if you experience any abdominal pain, nausea or vomiting during the procedure. Once the procedure is completed we will remove the sensors and the recorder.

10. After your capsule endoscopy

You may go home when the test is complete. The images acquired during your procedure will then be reviewed. If you have any problems after the procedure such as persistent abdominal pain, nausea and vomiting, please contact us.

11. How will I find out about the results of the capsule endoscopy?

Results can take several weeks to process. This is because of the time it takes to look at the large number of images. Results will be sent to your referring doctor.

12. Contact details

To contact the Whittington Health's Endoscopy Unit: dial 020 7272 3070 – Bleep 2711

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Date published: 21/04/2021

Review date: 21/04/2023

Ref: EIM/End/C&P-ECE/01

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