

Colon capsule endoscopy – Plenvu bowel preparation

(Eastern services)

Other formats

If you need this leaflet in another format such as Braille, large print, high contrast, British Sign Language or translated into another language, contact the Patient Advice and Liaison Service:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

You have been referred by your consultant for a colon capsule endoscopy. This means you will be asked to swallow a capsule which is able to take photographs of the inside of your large bowel as it travels through your digestive system.

Whilst the capsule travels through your digestive system we will give you laxative-like boosters at timed intervals. This is to ensure the capsule arrives in the large bowel as fast as it can so that it can start to take pictures in the correct part of the bowel.

What is a colon capsule endoscopy?

Colon capsule endoscopy is a test which looks for abnormalities inside the colon (large bowel). The colon is the last part of the gastrointestinal tract (digestive tract/gut).

Why do I need a Colon Capsule Endoscopy?

This test is an alternative to a colonoscopy (flexible camera). It is a useful examination tool for patients where previous colonoscopies have been difficult or failed. It is also useful where repeat colonoscopies are needed.

How is the test done?

The capsule is the size of a large vitamin pill (32mm x 12mm). It contains two tiny video cameras on a silicon chip, which are powered by two tiny batteries and a wireless transmitter. The cameras are able to capture four images per second. You will be asked to swallow the capsule after having a low fibre diet for three days and following a laxative regime.

The capsule starts taking the photographs, which are sent by transmitter through to sensors contained within a belt, which you will wear for the duration of the test. From there, the images go to a data recorder (pocket-sized computer) which is carried around in a shoulder bag. At the end of the test the images are downloaded onto software which converts the images into a video.

Please arrive promptly for your appointment time to allow the capsule enough time to pass through the whole of the gastrointestinal tract. We know that some people's stomachs are slow to empty. If you are one of these people, we may give you medication to increase movement in your stomach. The capsule will be taken at approximately 10-10.30am.

Thirty minutes after you swallow the capsule we will check to ensure it has left your stomach by looking at the images on the screen of the equipment we use.

You will be allowed home at this point and further laxative boosters will be given to take home with you. The timings of the boosters will be determined by the passage of the capsule and the alerts given out by the electronic equipment or by a written plan.

You will need to fast for most of the day but will be allowed clear fluids at timed intervals during the test. Once the capsule has passed out of your system you can remove the electronic equipment – this should be returned to the endoscopy department the same day. If you have not passed the capsule in time for you to return the equipment then you should continue to wear it until the capsule has passed. This may be much later in the evening or possibly even overnight. In this case, we would expect the equipment to be returned as early as possible the next day. We will keep in touch with you during the afternoon to see how things are progressing and we can advise accordingly.

The images are then downloaded from the Data Recorder to a computer, and this assembles the images as a video of the whole of the intestine, to be reviewed by the doctor or nurse. Results are sent to the referring doctor and GP.

Risks

Colon capsule endoscopy is a safe test.

There is a small risk that the test may need to be repeated if the colon is not clean enough to see anything.

There is a small risk that the capsule may become stuck in the small bowel due to pre-existing narrowing (1 in 150 people). If it were to become stuck, the capsule can eventually pass naturally, but urgent treatment or even an operation may be needed to remove the capsule.

MRI scanning is not permitted until the capsule has been passed from the body.

Pregnancy: please tell us if you are pregnant as the test should not be performed during pregnancy.

Cardiac pacemaker or internal electromedical device: please let us know if you have one of these by contacting us on this number: 01392 402400 (Endoscopy Department).

Preparation for the test

Please wear loose fitting clothing, preferably a t-shirt/loose top and trousers, when attending for your test. Bowel preparation is an essential part of the examination and this involves dietary advice and use of laxatives. You will be assessed to ensure you are safe to take the bowel preparation. This is usually in the form of a telephone call.

The bowel preparation regimen for the colon capsule endoscopy is a little different from what you may have previously been familiar with. It will be explained in full during the assessment phone call. You will also need to follow a dietary plan prior to the test.

Please follow the advice contained within this leaflet.

Medication

- Aspirin, Warfarin, Clopidogrel, Apixaban, Rivaroxaban, Edoxaban or any other blood thinners do not need to be discontinued.
- Please stop any iron tablets (including multivitamins), or tablets such as co-codamol or loperamide, for five full days prior to your colon capsule endoscopy.
- If you are diabetic and want advice about managing the bowel preparation and/or diet, please talk to your G.P. practice nurse or diabetic nurse.

Three days before the test please follow a low fibre diet, and avoid eating nuts and seeds.

	Foods to include ✓	Foods to avoid X
Cereals:	Cornflakes, rice krispies, ricicles, frosties, sugar puffs, coco pops, gluten free alternatives	Wheat bran, All bran, Weetabix, Shredded wheat, Oat bran, Bran flakes, Wheat flakes, Muesli, Ready brek, porridge
Bread	White bread, bagels, baguettes, muffins etc. Any bread made with white flour (e.g. sourdough)	Wholemeal, high fibre white, soft grain or granary bread, oat bread, breads that contain seeds
Pasta/Rice	White pasta, white rice, orzo.	Wholemeal pasta, brown rice.
Flour	White flour	Wholemeal or granary flour, wheatgerm
Dairy, vegetables	Milk, plain yoghurt, custard, vanilla ice cream, butter, margarine, creams	All fruit and vegetables, including potatoes, pulses, lentils and Quorn. Soya, almond and oat milks. Yoghurt containing fruit or nuts. Crisps.

	Foods to include ✓	Foods to avoid X
Savouries	chicken, turkey, fish, cheese and eggs, or vegan/vegetarian alternatives	All red meats, including Quorn, tofu-based alternatives
Puddings, pastries, cakes, etc	Milk pudding, mousse, sponge cakes, madeira cake, Rich Tea biscuits, wafers, vanilla ice cream, custard, creams	Those containing wholemeal flour, oatmeal, nuts, dried fruit, e.g. fruit cake, Ryvita, digestive or hobnob biscuits etc.
Preserves and sweets	Sugar, jam or marmalade (no bits), honey, golden syrup, lemon curd	Jam or marmalade with pips, skins & seeds. Sweets and chocolates containing nuts and/or fruit, muesli bars.
Soups	Clear soup, e.g. consommé	Any soups with vegetables (including tomato soup), lentils, beans or cream of soups
Miscellaneous	Salt, pepper, vinegar, mustard, salad cream, mayonnaise, boiled sweets, glucose tablets, mints	Nuts, seeds, Quorn, fresh ground peppercorns, hummus

One day before the test

Have a light breakfast before 9am

9am: No solid food after this time. You should continue to drink plenty of clear fluids:

Drinks to include ✓	Drinks to avoid X
All types of water	<p>Avoid all milk and milk-based drinks whilst on the clear fluid diet. This includes powdered milks or instant drinks containing milk.</p>
Black tea and black coffee (this includes fruit and herbal teas)	
Lucozade and all other types of 'sport drinks'	
Fizzy drinks, e.g. coke, ginger beer, tonic water	
Fruit squash or cordial (not blackcurrant)	
Hot honey and lemon	
Salty drinks such as Oxo, marmite, Bovril	
Consommé (clear soup)	
Any sugar-based sweets e.g. Foxes Glacier Fruits and mints, polos, fruit pastilles and jelly babies. Dextrose tablets may also be taken in small quantities.	

It is important to mix and match your drinks/fluid intake with sweet and salty as well as plain water. Do not be tempted to just have water as this could lead to electrolyte depletion, which can make you feel unwell.

6pm: Mix the first dose of Plenvu as directed in the leaflet. Drink this over the next hour.

Drink a **minimum** of one litre of clear fluids – alternating between Plenvu and clear fluids is acceptable.

You should experience frequent (12-15) liquid bowel actions within an hour or so of drinking Plenvu.

When taking Plenvu, some intestinal cramping is normal. If you feel clammy, faint, or vomit, please stop taking the preparation and contact the Endoscopy unit on **01392 402400** within office hours (Monday-Friday 8 am to 6pm). Out of hours please call your **GP** or **111** for advice.

Day of colon capsule

5am (or earlier if you'd like): mix up your second dose of Plenvu as directed in the leaflet. Drink this over the next hour.

Drink a **minimum** of one litre of clear fluids – alternating between Plenvu and clear fluids is acceptable. Remember, it is important to drink plenty of fluids when fasting as the bowel prep can dehydrate you.

9am: Arrive at the Endoscopy Department where you will be checked in.

You might be given a prucalopride tablet to speed up your gut transit, ensuring the capsule reaches the part we need to look at as quickly as possible.

We will complete your consent form and go through the plan for the rest of the day, including diet and laxative boosters.

10am: Electronic equipment is set up and you will swallow the capsule.

10.30am: Check the capsule is in the small bowel: if it hasn't reached the small bowel you may be asked to lie on your right-hand side and/or walk around.

As soon as the capsule is in the small bowel you can go home for the rest of the day, following alerts and instructions from the electronic equipment for the laxative boosters, which will be supplied.

While the capsule is in your system, you should only drink fluids as directed by the alerts and plan provided.

Passing the capsule:

Everyone is different, but you should pass the capsule toward the end of the afternoon. Sometimes you may not pass the capsule until later in the evening.

Depending on the recording device you are fitted with, the timings of the boosters and suppository will either be determined by the passage of the capsule and the alerts given out by the electronic equipment, or you will be given a timed written plan to follow. The boosters are designed to help move the capsule through the colon:

Booster one: mix 50mls of gastrografin and 30mls of phospho-soda with one litre of water and drink over one hour.

Booster two: mix the remaining 50mls of gastrografin and 15mls of phospho-soda with 500mls of water and drink over one hour. You can resume clear fluids after this.

Suppository: if you have not already passed the capsule, you may need to administer a rectal glycerol suppository to stimulate passage of the capsule.

On visibly passing the capsule you may resume eating and drinking as normal.

The capsule can be flushed down the toilet, and the recording equipment can be taken off. The nurse looking after you on the day will advise you about when to return the equipment, based on our opening hours.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact PALS:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- rduh.pals@nhs.net

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You can also share your feedback on the Care Opinion website at www.careopinion.org.uk or freephone 0800 122 3135.



Scan the QR code to visit the Care Opinion website →

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