

Colon Capsule Endoscopy

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 be providing you with additional 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.

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 indicated for surveillance.

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 3 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 compresses and converts the images into a video.

You should arrive promptly for your appointment time. It is intended to allow the capsule enough time to pass through the whole of the gastrointestinal tract. We know that occasionally 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 10:00-10:30am.

Thirty minutes after you swallow the capsule we will make a check to ensure it has left your stomach. We can do this 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 provided by us 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 a printed regime.

You will need to fast for most of the day but will be allowed clear fluids at a timed interval 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, but 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. The video can then 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). If it were to become stuck, the capsule may 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 excreted 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 regimen 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 5 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.

5 days before the test please follow a low fibre diet.

	✓ Foods to include	✗ Foods to avoid
Cereals:	Cornflakes, rice krispies, ricles, 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	Wholemeal, high fibre white, soft grain or granary bread, oat bread
Pasta/Rice	White pasta, white rice, orzo	Wholemeal pasta, brown rice
Flour	White flour	Wholemeal or granary flour, wheatgerm

	✓ Foods to include	✗ Foods to avoid
Dairy	Milk, plain yoghurt, custard, vanilla ice cream, butter, margarine, creams	Fruit and vegetables, including potatoes, pulses, lentils and Quorn. Soya, almond and oat milks. Yoghurt containing fruit or nuts
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, 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

1 day before the test

Have a light lunch before 14.00.

14:00: No solid food after this time. You should continue to drink plenty of clear fluids:

✓ Drinks to include	✗ Drinks to avoid
All types of water	Avoid all milk and milk-based drinks whilst on the clear fluid diet. This includes powdered milks or instant drinks containing milk.
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	
Oxo, marmite, Bovril	
Consommé (clear soup)	
Any sugar-based sweets e.g. Foxes glacier fruits and mints, polos, fruit pastilles, 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.

16:00: Mix the first Moviprep sachets as directed:

Dissolve the contents of sachet A and sachet B into 1 litre of water. Drink this litre over 1-2 hours. If you do not like the taste you can add fruit squash (not blackcurrant) or drink a carbonated drink such as bitter lemon alongside. Moviprep may be easier to take when drunk through a straw and when chilled.

Remember to drink additional clear fluids throughout.

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

When taking Moviprep, 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 08.00am to 17.30pm). Out of hours please call your **GP** or **111** for advice.

Day of Colon Capsule

05:30 (or earlier if you'd like): Mix the second Moviprep sachets as directed:

Dissolve the contents of sachet A and sachet B into 1 litre of water. Drink this litre over 1 hour.

Remember to drink additional clear fluids throughout.

09:00: Arrive to Endoscopy Department where you will be checked in.

You might be given a prucalopride tablet – this is 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 regime for the rest of the day, including diet and laxative boosters.

10:00: Electronic equipment is set up and you will swallow the capsule.

10:30: 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 regime provided.

Passing the capsule:

Everyone is different, but it is expected you will 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 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 regime to follow. The boosters are designed to help move the capsule through the colon:

Booster 1 – Mix 50mls of gastrografin and 30mls of phospho-soda with 1 litre of water and drink over 1 hour.

Booster 2 – Mix the remaining 50mls of gastrografin and 15mls of phospho-soda with 500mls of water and drink over 1 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 nurse looking after you on the day will advise you about when to return the equipment, based on our opening hours.

If you have any problems when you go home, or are feeling worse than you expected, please use the contact details which will take you through to the Endoscopy Department.

Capsule Endoscopy Service:

01392 402400 or
rduh.clinicalendoscopists@nhs.net

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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