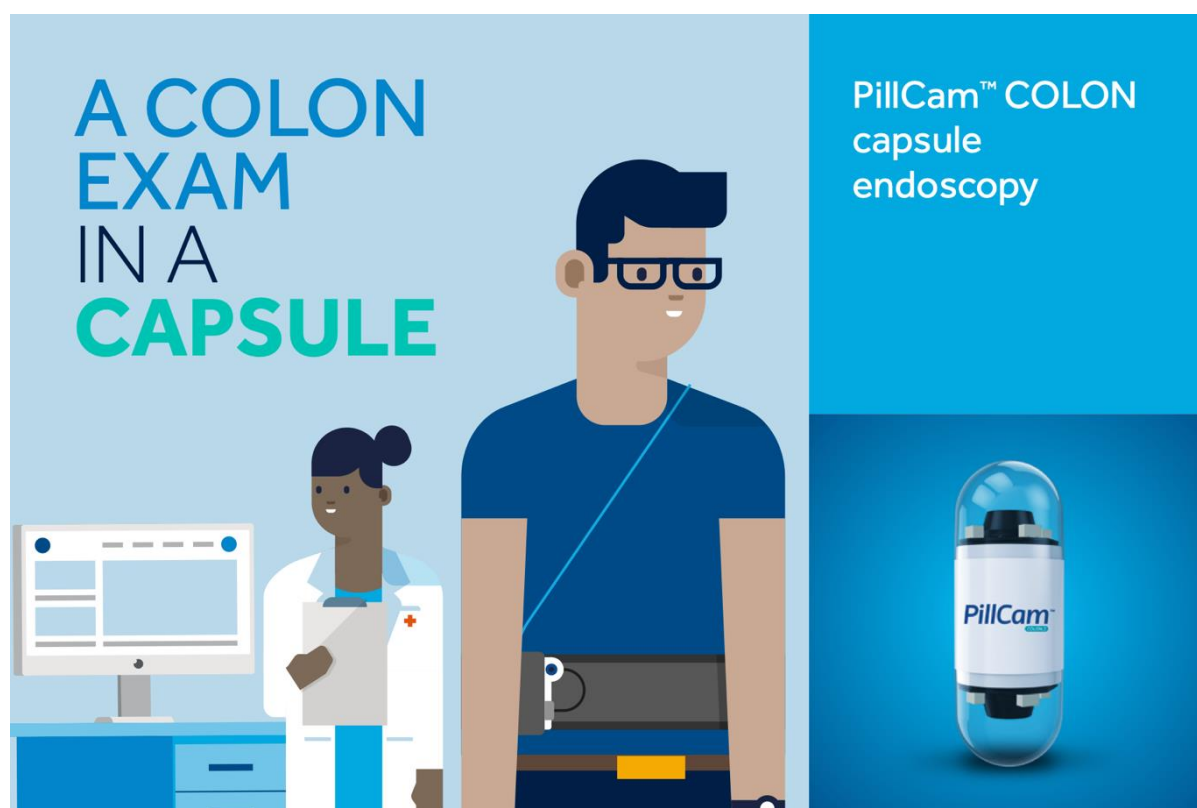


Endoscopy Unit

Colon capsule endoscopy (CCE)



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To help you prepare for this procedure/test, please read this information carefully and bring this booklet with you to your appointment.



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This booklet aims to help you to make an informed decision about agreeing to have this investigation. Please make notes or write down any questions you may like to discuss/clarify with the colon capsule team before you sign the consent form on the day of the procedure.

The procedure you will be having is called a colon capsule endoscopy or colon capsule examination. There is no endoscope (flexible camera) used in the examination. This is an examination of your large bowel (colon) to look for any cause for your symptoms.

Why do I need to have a colon capsule endoscopy?

This test is usually done so we can look at your large bowel for symptoms such as a change in bowel habit or blood in poo with or without abdominal pain.

What is colon capsule endoscopy?

You will swallow a small capsule with 2 cameras inside. This will provide us with images so we can look at the lining of your large bowel. This will help us to establish whether there is any growth (polyps/cancer), inflammation or other abnormalities to explain your symptoms.

This is an alternative test to colonoscopy or a CT colonography (CT scan). The disposable capsule camera is around the same size as of a large vitamin pill (32mm x 11mm). It contains two tiny video cameras which are powered by tiny batteries.

The capsule sends images to a recorder, which you will wear throughout the procedure. The disposable capsule camera can be easily swallowed with sips of water.

You will be asked to swallow the capsule after following a low residue diet for 5 days, and following a laxative regimen as explained later in this leaflet.

This capsule camera travels through the digestive tract, like your food would. As the capsule passes through the digestive tract, it takes

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thousands of pictures of the lining of your bowel and sends them to a recorder connected with the Sensor Belt which you wear around your waist. The capsule is disposable and will pass out of your body after few hours, or rarely in couple of days with your poo.

For some people, the stomach is slow to empty. All patients are given medication (metoclopramide 10mg tablet) with the capsule to help it move through the stomach.

Will it hurt?

The capsule camera can be swallowed easily by most patients. It has a smooth surface similar to capsules for pain relief. You shouldn't feel any pain or discomfort when swallowing it, or while it moves through your bowel.

What to do when you have received your appointment letter

- Check the appointment is convenient and that you will be able to get to the Endoscopy Unit and home again. If not, phone us on 024 7696 7361 or 024 7696 6755.

Notify us if you:

- Have problems with swallowing
- Have had previous abdominal surgery or radiation treatments
- Have Crohn's disease
- Have a cardiac pacemaker in place
- Take painkillers (NSAIDs) like diclofenac, ibuprofen, or naproxen on regular basis.
- Are on treatment for diabetes (insulin or tablets). We shall organise an alternative test for you.
- Are pregnant. The capsule endoscopy should not be performed during pregnancy.

As this is a teaching hospital, your procedure may be observed or assisted by trainee staff. Please let us know on your arrival if you do not wish to have trainees present.

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Should your condition worsen before your endoscopy appointment, we advise you to contact your GP immediately.

Preparing for the investigations

Timetable summary for the procedure

One week before the test	5 days before the test	4 till 2 days before the test	1 day before the test	On the day of the test
Stop iron tablets a week before the test if you are taking them	Start low residue diet Breakfast Lunch Dinner	Continue low residue diet Breakfast Lunch Dinner STOP taking any of the following medications: <ul style="list-style-type: none">• Codeine Phosphate• Tramadol• Imodium• Lomotil• Fybogel• Isphagula husk	No solid food Fluids only 7pm: Moviprep sachet A+B in 1 litre of water	6 to 6:30am: Moviprep sachet A+B in 1 litre of water Attend Endoscopy Unit (UHCW)

What is a low residue diet?

A low residue diet is made up of foods that are easily digested and absorbed. It is recommended before this test to help ‘clear out’ your bowel so we can get clearer images.

Low residue diet

Food type	Foods allowed	Foods to avoid
Meat and fish	Minced or well-cooked lean beef, lamb, ham, veal, pork, poultry, fish, shellfish	
Fruit and vegetables	Potatoes - boiled, creamed, mashed, or baked (no skins)	All other fruits and vegetables
Pasta and rice	Plain macaroni, spaghetti, noodles. Plain boiled white rice	Wholemeal pasta or spaghetti. Brown rice or vegetable rice
Cereals and bread	Cornflakes, crisped rice, white bread, teacakes/ plain bread rolls	Weetabix, bran, cereals, muesli, wholemeal granary Bread/ bread with seeds
Biscuits, pastries and puddings	Plain biscuits/crackers, plain scones, muffins, Yorkshire pudding, plain yogurt, jelly (not red coloured)	Wholemeal biscuits/ cakes. Seeded jams, fruit, or nut yogurts. Bread or cakes with fruit
Other	Eggs, cheese, sauce clear soup, treacle, margarine, boiled sweets, chocolate	Pickles, chutney, vegetable soups, jam with rind/pips

One day before your appointment

- **Fluids only**, no solid food

You should take clear fluids only such as tea or coffee with a small amount of milk, water, strained fruit juice, fruit squash, soda water, tonic water, lemonade, Oxo, Bovril, Marmite (mixed into weak drinks with hot water), clear soups and broths, consommé.

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- **Fluids not allowed:**

Drinks or soups thickened with flour or other thickening agents.

In addition

- You may eat clear jellies and ice-cream
- You may suck clear boiled sweets and clear mints.
- You may add sugar or glucose to your drinks.

At around 7:00 pm – add **Moviprep A and Moviprep B** sachets to a litre container. Pour 1 litre of water and stir until all the powder has dissolved and the Moviprep solution is clear or slightly cloudy. This may take up to 5 minutes. Drink this over 1 to 2 hours.

Try to drink a small glass/cup every 10 to 15 minutes. Drinking any faster may make you feel sick. Sometimes, it helps to use a straw to sip slowly.

To make sure we do not miss any lesions, it is important for you to have good bowel preparation to make sure your bowel is clean. Please stick to the diet and bowel prep as advised.

Once you have started your bowel preparation, you should stay at home with access to a toilet. The solutions will make you go to the toilet a lot so you may wish to use a topical barrier cream such as zinc and castor oil to protect your bottom whilst taking the bowel preparation.

On the day of your appointment

Around 6am to 6:30am - Take the second pack of Moviprep and mix sachets A and B together in a litre container. Pour in 1 litre of water and stir until all the powder has dissolved and the Moviprep solution is clear or slightly cloudy.

Try to drink a small glassful/cup every 10 to 15 minutes. Drink a further litre of clear liquid, preferably water, to prevent you becoming thirsty and dehydrated. You should finish bowel prep by 8:30am

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Stop drinking bowel prep an hour before the appointment so you will not have difficulty in travelling to the hospital

- Take your routine medication with small amount of water
- Wear loose fitting two-piece clothing
- Because the sensor belt must not be worn over synthetic fabric, you will need to wear an upper garment of thin, natural fibre cloth (cotton) that is long enough to reach at least to hip level
- Another layer of clothing such as sweatshirt, sweater, or jacket may be worn over the sensor belt
- Bring in any medications you are taking (including inhalers), or a list of their names
- Do not arrive too early for your appointment
- Do not bring any valuables or large amounts of cash with you

What happens when I arrive?

The capsule team will explain the procedure to you, and you can ask any questions that you may have. You will be asked to sign a consent form giving your permission to go ahead. This is to make sure that you understand the risks and benefits of the procedure.

The capsule team will place a belt containing the radio sensors around your waist and the data recorder will be attached. This will remain in place for duration of the test. After these are fitted, the capsule team will instruct you to swallow the capsule camera with small amount of water and a tablet to improve your stomach movement. They will check the capsule progress via the data-recorder. Once they has ensured that equipment is functioning / recording as expected, you will be discharged home with some further advice relevant to your test.

You then need to return to the hospital the next day. The images from the data recorder will be processed and a video will be created and subsequently reviewed.

How long will I be in the Endoscopy Unit?

You should expect to be in the unit for approximately 1 to 2 hours. This largely depends on the time taken for admission, processing and setting up the equipment.

Alerts on your device and discharge advice

After swallowing the capsule

After swallowing the capsule, a specialist nurse will go through the different alert's messages on the monitor, their meaning, and on how to take extra bowel prep booster doses, when you get home.

Every time you receive an alert, please make sure that you check the number on the recorder screen as it will guide your next step.

The timing of these alerts varies between individuals based on their gut movement.

Alert 0



No action required for this alert

You may receive an **Alert 0** on the monitor. This is an indicator of capsule position still in the stomach, which suggests delay in capsule's transit. Please press the round button for 3 seconds to silence the alarm. No other action is required at this stage.

Alert 1



Please take 1st booster dose

Most patients will bypass Alert 0 and receive **Alert 1 approximately** an hour after taking the capsule, a reminder to take the 1st booster dose.

Press the round button for 3 seconds to silent alarm, then prepare the first booster dose provided: **Mix 30ml of Phospho-soda Oral solution** with

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small amount of water and drink it; then drink **50ml of Gastrograffin** and continue to drink **1 litre of water**. Try to drink a small glassful/cup of water every 10-15 minutes.

Alert 2



Please take 2nd booster dose

Three hours after Alert 1, if you have not noticed capsule coming out, you will get **Alert 2** on monitor, a reminder to take the second booster dose.

Press the round button for 3 seconds to silent alarm, then prepare the second booster dose provided: Mix **15ml of Phospho-soda Oral solution** with **small amount of water** and drink it, then drink **50ml of Gastrograffin**, and continue to drink 500ml of water. Try to drink a small glassful/cup of water every 10-15 minutes.

Alert 3



Time to insert suppository

Two hours after Alert 2, if you still have not noticed the capsule coming out, you will get **Alert 3**, a reminder for the suppository

Please insert one suppository **of Bisacodyl 10mg** (provided with instruction). Wait for the next alert. **This will be either Alert 4 or End of procedure.**

Alert 4



You can eat a small meal

End of procedure alert



Remove the recorder belt when you witness capsule in the toilet or see the above sign on the screen.

Discharge instructions:

- Check the blue flashing Data Recorder light every 15 minutes. If it stops blinking or changes colour, note the time and contact us.
- Complete the Capsule Endoscopy event form recording the time of any event such as eating, drinking or changes in activity. Return the completed form together with the recorder belt to the Endoscopy Reception on the following day.
- Avoid strong electromagnetic fields, such as MRI scans or ham radios after swallowing the capsule and until you pass it in a bowel movement.
- Do not disconnect the equipment or completely remove the belt at any time during the procedure.
- Treat the Data Recorder carefully. Avoid sudden movements and banging of the recorder.
- Avoid direct exposure to bright sunlight.

Risks

Rarely, if there is no sign of capsule expulsion, an X-ray may be needed. Please inform your attending capsule team member if you have abdominal pain, nausea or vomiting during the procedure. A contact number will be

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recorded on the Capsule Endoscopy event form before you leave the hospital. There is a small additional risk of allergic reaction with laxatives during the procedure.

Also, if there is abnormality identified in the capsule video, further procedures might be required; for example, if large polyps are identified, a colonoscopy to remove the polyps.

When good views of the bowel have not been obtained due to various reasons, such as poor bowel prep or incomplete procedure from delayed capsule passage, alternative tests will be considered.

What happens if the pill camera does not pass through?

If the pill camera reveals Crohn's disease, treatment with anti-inflammatory medications may allow the narrowed part of the bowel to heal so that the pill passes by itself.

If the pill camera is at the extreme upper or lower end of the small bowel, it may be possible to retrieve it using an endoscope (gastroscope or colonoscope).

If the bowel is severely ulcerated, scarred or blocked by a tumour, an operation might be needed, not only to remove the pill camera, but also to treat the disease.

If you require any further information or clarification, please contact Beibei Liu, Clinical Nurse Specialist Capsule Endoscopy Service, on 024 7696 7361.

After the procedure

Results

The images from capsule endoscopy will be uploaded onto a computer and the specialist will read and prepare the report. The report will be sent to your consultant, who in turn will discuss the results with you at your next outpatient appointment.

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General points to remember

If you are unable to keep your appointment, please notify the Endoscopy department on **0247 696 6755** as soon as possible. This will enable us to offer the appointment to another patient.

Please note to ensure the privacy and dignity of other patients we do not allow friends or relatives into the clinical area of the department. Should you wish to remain with your friend or relative you may join them in the main waiting area.

We will aim to see you as soon as possible after your arrival. However, the department is very busy, and your investigation may be delayed.

The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us on 0247 696 6755 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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