

SMALL BOWEL CAPSULE ENDOSCOPY

What is a Small Bowel Capsule Endoscopy?

- ▶ Capsule endoscopy is a way for your doctor to see inside part of your digestive system. A small bowel capsule endoscopy looks at the lining of the small intestine.
- ▶ Unlike a traditional endoscopic exam, which uses a camera at the end of a thin, flexible tube (click here for more on upper GI endoscopy tests), capsule endoscopy uses a camera inside a pill-like capsule.
- ▶ You will swallow the capsule at your doctor's office and be given all the information you need for the test.
- ▶ The capsule is the size of a large pill — just over 1-inch long and less than ½-inch wide.
- ▶ Once swallowed, **it travels through the digestive system, sending images to a device worn around your waist that saves them.**
- ▶ The capsule will not be absorbed or digested, but it will move through your digestive system and leave through a bowel movement. You may or may not see it in the toilet bowl. You do not need to retrieve or return the capsule to your doctor.
- ▶ Each capsule is designed for a single use and will not harm the environment or your household plumbing.
- ▶ **You will be awake and active during this test** as the capsule moves through your digestive system, though you will not feel it.



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What is the Purpose of a Small Bowel Capsule Endoscopy?

Capsule endoscopy **gives your doctor a picture of the inside of your digestive system** that cannot be seen through other X-rays.

Your gastroenterologist will use the images from this test to look for abnormalities in your small bowel, such as:

- Bleeding.
- Polyps.
- Tumors.
- Celiac disease.
- Crohn's disease.
- Erosions (superficial ulcers).
- Other suspected small bowel diseases.

Your gastroenterologist **may also use capsule endoscopy to check the progress after treatment** for these health problems. If your doctor sees a problem on capsule endoscopy, you may need to have some other test to confirm or treat the health issue.



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Preparing for Your Small Bowel Capsule Endoscopy

There are important steps you must take to safely get ready for your small bowel capsule endoscopy. These are general instructions. **Be sure to follow any instructions given to you by your doctor.**

Your doctor or nurse will review the steps with you and make sure that you know how you need to get ready and what you can expect during and after the test. **If you have any questions, be sure to bring them up with the doctor or nurse.**



1. Give your doctor a list of **all** the medications you are taking and **any allergies** you have.
 - a. The list should include both prescription and over-the-counter (OTC) drugs, like aspirin, NSAIDs, or vitamins or supplements.
 - b. Ask your doctor **before** the test **if any of your medications can be taken on the day of your small bowel capsule endoscopy.**
 - c. Ask your doctor **before** the test **if any of your medications should not be taken** before your small bowel capsule endoscopy.
 - d. **Ask your doctor before the test if you should take your medications the night before your small bowel capsule endoscopy.**
2. Tell your doctor if you:
 - a. Have **diabetes** and what medications you are on for it.
 - b. Are taking **blood thinners or have bleeding or blood clotting problems.**
 - c. Have a pacemaker or other implanted electromedical devices.
 - d. Have had stomach or bowel surgery, swallowing problems or other gastrointestinal (GI) problems.



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- e. Have heart, lung or any other health problems that may need special care before the test.
3. **You must not eat or drink for 10 hours before your test.** Your doctor may prescribe a preparation to clean your small bowel before the test. **Make sure you follow the instructions provided by your doctor's office.** *If you do not remember the time of your appointment, call your doctor.*
4. **Do not take any medication in the two hours before your test.**
5. On the day of your test, come to your doctor's office dressed in loose-fitting, two-piece clothing (so the recording tool can be around your waist comfortably).

Be sure to ask your doctor or nurse if there is anything you do not understand.

Small Bowel Capsule Endoscopy – What to Know:

- ▶ Small bowel capsule endoscopy is a test to look at your small intestine.
- ▶ You swallow a small pill that has a camera inside.
- ▶ The camera inside will send pictures to a machine for your doctor to view your small intestine.
- ▶ You are not put to sleep for small bowel capsule endoscopy, so you should be able to return to your normal activities.



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During Your Small Bowel Capsule Endoscopy

Your doctor will tell you more specifically what you can expect during the test. Some things may include:

- **Sensors will be placed on your stomach** using sticky patches. These patches are linked to a recording tool, which you will wear around your waist during the whole test.
- **You will swallow the capsule** (do not bite down on the capsule) with water, either sitting or standing. You will then be allowed to leave (with the recording tool around your waist) and go about your normal routine.
- **The recording tool must stay close to your belly during the test** so it can get the images. You will not be able to shower during this test.
- Two hours after you swallow the capsule, you may drink clear liquids.
- Four hours after you swallow the capsule, you may eat a light snack, unless your gastroenterologist tells you not to.
- You may have a normal meal eight hours after you swallow the capsule.
- You should stay active, but you should not do any intense physical activity (especially if it involves sweating), and you should not bend or stoop during the test.



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- During the test, the small light on the recording tool will blink every time an image is taken. If you have a bowel movement during the test, check that the light is still blinking on the recording tool to be sure the capsule didn't pass into the toilet. This would mean the test is complete. **If it stops blinking continuously, call your doctor right away.**
- After 12 hours (or however long your doctor tells you), you'll **return to your doctor's office, where the sensors will be removed and you will turn in the data recorder.**

Note: If you cannot swallow the capsule or if you have slow emptying of your stomach or take medications that slow the emptying of your stomach, your doctor may do an upper endoscopy and place the capsule directly into your small bowel.

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After Your Small Bowel Capsule Endoscopy

Your doctor will tell you more specifically what you can expect after the test. Some things may include:

- After the test, **you will need to return the recording tool and sensors to your doctor's office.**
- Your gastroenterologist will download the information from the recorder and will view a color video of the pictures.
- In a few days, you will hear from your doctor's office with the results of your test. You may have questions you want to ask about your results or next steps, so write them down for your next visit or phone chat.
- The camera pill will keep on moving through your digestive tract and **will come out through a normal bowel movement.**
- While it is important to know that the pill has in fact left your system, **there is no need to retrieve or return it to your doctor's office.**
- If you do not see it pass or if your doctor does not see it reach the large intestine on video, then **an X-ray may be needed sometime after two weeks have passed.**



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Safety/Adverse Reactions of a Small Bowel Capsule Endoscopy

Bad reactions from capsule endoscopy are rare.

You should call your gastroenterologist right away if you:

- Have trouble swallowing or breathing.
- Start to vomit or have significant chest or abdominal pain.

Keep in mind:

- You should not have a magnetic resonance imaging (MRI) test or be near any strong magnetic fields (such as ham radio) until after the capsule comes out in your stool. Doing so could result in hurting your intestines or stomach.

Risks of capsule endoscopy are:

- Trouble breathing.
- Capsule retention (meaning the capsule stays inside you).

Capsule endoscopy is not meant to be used in patients with:

- Known or suspected blockages of the gastrointestinal (GI) tract.



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