Understanding Capsule Endoscopy

What is capsule endoscopy?

Capsule Endoscopy lets your doctor examine the lining of the middle part of your gastrointestinal tract, which includes the three portions of the small intestine (duodenum, jejunum and ileum). Your doctor will give you a pill-sized video camera for you to swallow. This camera has its own light source and takes pictures of your small intestine as it passes through. These pictures are sent to a small recording device you wear on your body. Your doctor will be able to view these pictures at a later time and might be able to provide you with useful information regarding your small intestine.

Why is capsule endoscopy done?

Capsule endoscopy helps your doctor evaluate the small intestine. This part of the bowel cannot be reached by traditional upper endoscopy or by colonoscopy. The most common rea-son for doing capsule endoscopy is to search for a cause of bleeding from the small intestine. It may also be useful for detecting polyps, inflammatory bowel disease (Crohn's disease), ulcers and tumors of the small intestine. As is the case with most new diagnostic proce-dures, not all insurance companies are currently reimbursing for this proce-dure. You may need to check with your own insurance company to ensure that this is a covered benefit.

How should I prepare for the procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately twelve hours before the examination. Your doctor will tell you when to start fasting. Tell your doctor in advance about any med-ications you take including iron, aspi-rin, bismuth subsalicylate products and other over-the-counter medications. You might need to adjust your usual dose prior to the examination. Discuss any allergies to medications as well as medical conditions, such as swallow-ing disorders and heart or lung disease. Tell your doctor of the presence of a pacemaker or defibrillator, previous abdominal surgery, or previous history of bowel obstructions, inflammatory bowel disease or adhesions. Your doc-tor may ask you to do a bowel prep/ cleansing prior to the examination.

What can I expect during capsule endoscopy?

Your doctor will prepare you for the examination by applying a sensor de-vice to your abdomen with adhesive sleeves (similar to tape). The pill-sized capsule endoscope is swallowed and passes naturally through your diges-tive tract while transmitting video im-ages to a data recorder worn on your belt for approximately eight hours. At the end of the procedure you will re-turn to the office and the data record-er is removed so that images of your small bowel can be put on a computer screen for physician review. Most pa-tients consider the test comfortable. The capsule endoscope is about the size of a large pill. After ingesting the capsule and until it is excreted, you should not be near an MRI device or schedule an MRI examination.

Capsule endoscopy takes approximately eight hours. Normal daily activities are largely unaffected by capsule endoscopy, unlike many endoscopic procedures that require sedation. When you return to the doctor's office, the data recorder, worn on your belt during the proce-dure, is removed so that images of your small bowel can be put on a computer screen for physician review.
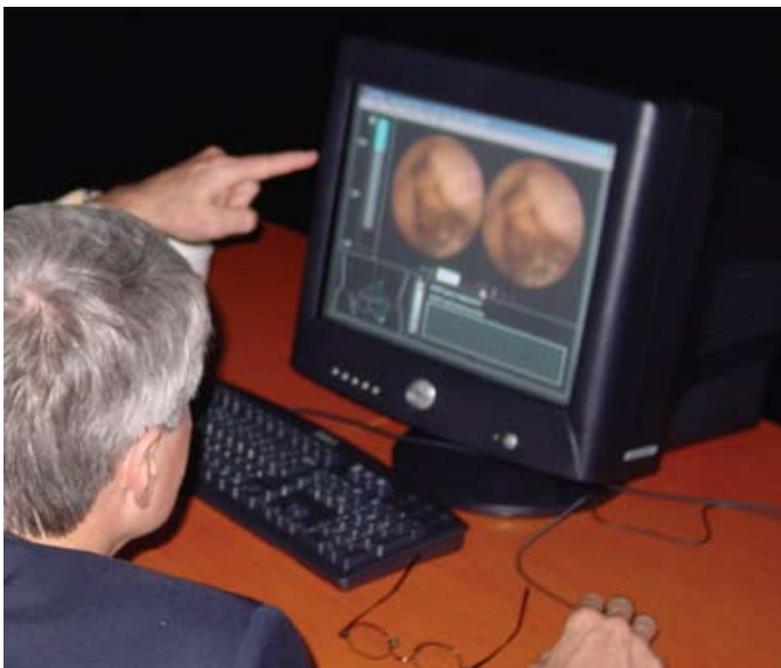
What happens after capsule endoscopy?

You will be able to drink clear liquids after two hours and eat a light meal after four hours following the capsule ingestion, unless your doctor instructs you otherwise. You will have to avoid vigorous physical activity such as running or jumping during the study. Your doctor generally can tell you the test results within the week following the procedure; however, the results of some tests might take longer.

What are the possible complications of capsule endoscopy?

Although complications can occur, they are generally rare when doctors who are specially trained and experienced in this procedure perform the test. There is a potential for the capsule to be stuck at a narrowed spot in the digestive tract resulting in bowel obstruction. This usually relates to a stricture (narrowing) of the digestive tract from inflammation, prior surgery or tumor. It is important to recognize obstruction early. Signs of obstruction include unusual bloating, abdominal pain, nausea or vomiting. You should call your doctor immediately for any such concerns. Also, if you develop a fever after the test, have trouble swallowing or experience chest pain, tell your doctor immediately. Be careful not to prematurely disconnect the system as this may result in loss of pictures being sent to your recording device.

DUODENUM

JEJUNUM

ILEUM

SECTIONS OF THE SMALL INTESTINE
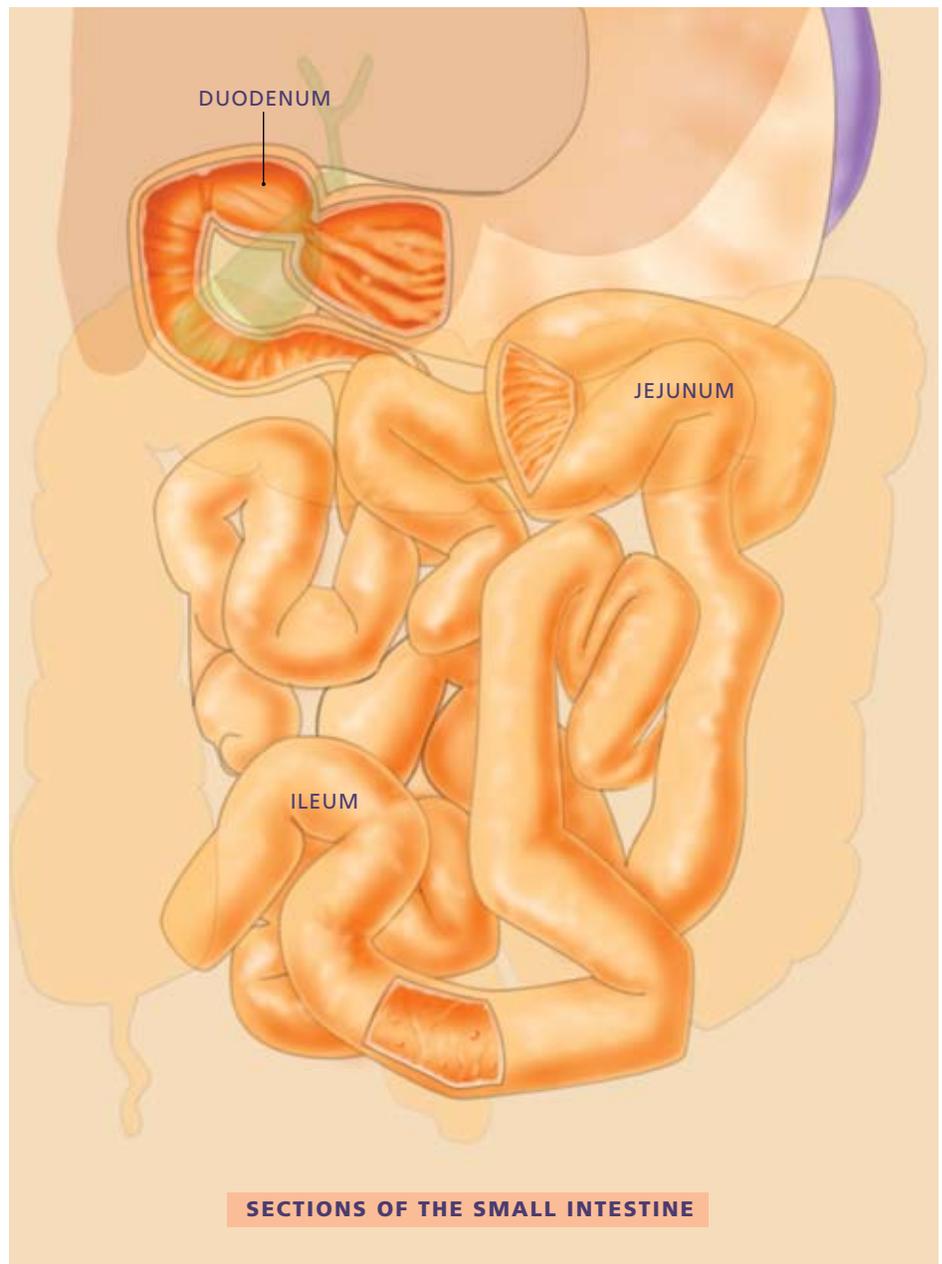
The small intestine can be the site of several gastrointestinal disorders, including bleeding, polyps, inflammatory bowel disease, ulcers, and tumors. Capsule endoscopy allows for examination of the small intestine, which cannot be easily reached by traditional methods of endoscopy.

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Notes or questions:

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This information is intended only to provide general guidance. It does not provide definitive medical advice. It is important that you consult your doctor about your specific condition.

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with more than 11,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, and is the foremost resource for endoscopic education. This information is the opinion of and provided by the American Society for Gastrointestinal Endoscopy.

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