

# WASHINGTON GASTROENTEROLOGY

## Digestive Health Specialists Division

### Capsule Endoscopy Instruction Sheet

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Check In Time \_\_\_\_\_ Return Time \_\_\_\_\_

Your physician has determined that as part of your medical evaluation you should undergo an examination known as Capsule Endoscopy. This procedure involves ingesting a capsule (the size of a large vitamin pill), which will pass naturally through your digestive system while taking pictures of the small intestine. The images are transmitted to a sensor array, which is attached to a sensor belt, which is placed around your abdomen. Images collected are then transmitted to a data recorder, which you will wear near the sensor belt. **After 8 hours, you return to the office and the nursing staff will remove the recorder belt for processing.** The capsule is disposable and will be excreted naturally in your bowel movement. In the rare case that it will not be excreted naturally, it will need to be removed endoscopically or surgically. An empty stomach and a clear gastrointestinal tract are needed in order to get the best visualization from this examination. In order for your physician to get the most accurate information from this examination, you will need to follow the instructions below. This will require BOWEL CLEANSING PREPARATION.

#### Day Before Capsule Endoscopy

1. Have a normal breakfast. This will be your last solid food until after the procedure.
2. Have a CLEAR liquid lunch and dinner. Drink generous amounts of clear liquids throughout the day and evening to prevent dehydration. Clear liquids are pulp free fluids such as clear juices (apple, white grape), Gatorade, sports drinks, plain broth (chicken, beef, vegetable), Jell-O, popsicles, soda pop, black tea or coffee and water.
3. At 6:00pm begin drinking the prescribed preparation solution at a rate of 8 ounces every 15-30 minutes, as tolerated. At some point during or after drinking the preparation, you will begin to have diarrhea. The timing of this varies.
4. If you become too full or develop nausea while drinking your preparation, stop for 1 hour and then resume at a slower pace. Preparation should be consumed within four hours.
5. After 10:00pm the evening before the capsule endoscopy, do not eat or drink except for necessary medication with a sip of water.

#### Day of Capsule Endoscopy

1. Do not eat or drink anything. Do not take any medication 2 hours prior to your exam. Arrive at your physician's office at the scheduled check in time for your capsule endoscopy. Only one single thin layer of clothing can be worn between the sensor belt and your abdomen. This layer of clothing should be long enough to reach at least to hip level and will not ride up above the belt.
2. At your physician's office, you will have a pre-procedure interview. During this interview, you should be informed that capsule endoscopy is associated with a small chance of intestinal obstruction. You will be checked in and asked to give your informed consent.
3. You will be fitted with a sensor belt, which will be worn around your waist; this will then be connected to a data recorder, which will collect all your images.
4. After you have been fitted with your sensor belt, you will then be instructed to ingest the capsule.

# WASHINGTON GASTROENTEROLOGY

## Digestive Health Specialists Division

### Capsule Endoscopy Instruction Sheet

#### **After Ingesting the Imagine Capsule**

1. After ingesting the capsule, do not drink anything for at least 2 hours. After 2 hours, you may drink fluids. After another 2 hours (a total of 4 hours after swallowing the capsule), you may have a light snack. After the examination is completed, you may return to your normal diet. The above instructions relating to eating apply, unless your physician specifies otherwise.
2. Contact your physician immediately if you suffer from any abdominal pain, nausea, or vomiting during the capsule endoscopy.
3. After ingesting the capsule and until it is excreted, you should not be near any source of powerful electromagnetic fields such as one created near an MRI or amateur (ham) radio.
4. Occasionally, some images may be lost due to radio interference (i.e. from amateur radio transmitter, MRI, etc.). On rare occasions, this may result in the need to repeat the capsule endoscopy examination. In this case, the physician will advise you to stay within the premises of the clinic during the capsule endoscopy to prevent this problem from recurring.
5. Capsule endoscopy lasts approximately 8 hours and is considered complete according to your physician's instructions. Do not disconnect the equipment or remove the belt at any time during this period. Since the data recorder is actually a small computer, it should be treated with the utmost care and protection. Avoid sudden movement and banging of the data recorder.
6. During the capsule endoscopy, you will need to verify every 15-30 minutes that the small light on top of the data recorder is blinking twice per second. If for some reason it stops blinking at this rate, record the time and contact your physician. You should also record the time and nature of any event such as eating, drinking, your activity and unusual sensations. Return the event form with these notes to your physician at the time you return the equipment.
7. Avoid any strenuous physical activity, especially if it involves sweating and do not bend over or stoop during the capsule endoscopy.

#### **After Completing the Capsule Endoscopy**

1. You will be instructed by your physician on how to return the equipment at the end of the capsule endoscopy.
2. The data recorder stores the images of your examination. Handle the data recorder and recorder belt carefully. Do not expose them to shock, vibration or direct sunlight, which may result in the loss of information. Return all of the equipment to your physician's office as soon as possible.
3. If you did not positively verify the excretion of the capsule from your body, and you develop unexplained post-procedure nausea, abdominal pain or vomiting, contact your physician for evaluation and possible abdominal x-ray examination.
4. Undergoing an MRI while the capsule is inside your body may result in serious harm. If you did not positively verify the excretion of the capsule from your body, you should contact your physician for evaluation and possible abdominal x-ray before undergoing an MRI examination.

# WASHINGTON GASTROENTEROLOGY

## Digestive Health Specialists Division

### 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, ileum). Your doctor will use a pill-sized video capsule called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to capsule endoscopy as small bowel endoscopy, capsule enteroscopy, or wireless endoscopy.

#### **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 colonoscopy. The most common reason 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 procedures, not all insurance companies are currently reimbursing for this procedure. 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 12 hours before the examination. Your doctor will tell you when to start fasting. Tell your doctor in advance about any medications you take including iron, aspirin, 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 swallowing disorders and heart or lung disease. Tell your doctor of the presence of a pacemaker, previous abdominal surgery, or previous history of obstructions in the bowel, inflammatory bowel disease or adhesions.

#### **What Can I Expect During Capsule Endoscopy?**

Your doctor will prepare you for the examination by applying a sensor device to your abdomen with adhesive sleeves (similar to tape). The capsule endoscope is swallowed and passes naturally through your digestive tract while transmitting video images to a data recorder worn on your belt for approximately 8 hours. At the end of the procedure you will return to the office and the data recorder is removed so that images of your small bowel can be put on a computer screen for physician review.

Most patients 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 or schedule an MRI examination.

#### **What Happens After Capsule Endoscopy?**

You will be able to drink clear liquids after 2 hours and eat a light meal after 4 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 rare when doctors who are specially trained and experienced in this procedure, such as members of the American Society for Gastrointestinal Endoscopy, perform the test. Potential risks include complications from obstruction. This usually relates to a stricture (narrowing) of the intestine from inflammation, prior surgery or tumor. It's important to recognize early signs of possible complications. If you have evidence of obstruction, such as unusual bloating, pain, and/or vomiting, call your doctor immediately. Also, if you develop a fever after the test, have trouble swallowing or experience increasing chest pain, tell your doctor immediately. Be careful not to prematurely disconnect the system as this may result in the loss of image acquisition.

# WASHINGTON GASTROENTEROLOGY

## Digestive Health Specialists Division

### Clear Liquid Diet Instructions

Any liquid that is clear enough to read print through is consider a clear liquid:

- Clear fruit juices without pulp: apple, white grape
- Water, tea, black coffee (no cream or dairy)
- Low sodium clear broths: chicken, beef, vegetable
- Popsicles that are light in color: yellow, white, orange
- Kool-aid, Tang, Crystal Light, Gatorade and soda (no dark colored dyes)

**\*\*AVOID RED, BLUE, GREEN AND PURPLE DYES.\*\***

**\*\*AVOID DAIRY, PULP AND PARTICLES.\*\***

**WASHINGTON GASTROENTEROLOGY**  
**Digestive Health Specialists Division**

**Capsule Endoscopy Event Form**

Patient Name \_\_\_\_\_ ID # \_\_\_\_\_

**Time: Event (eating, drinking and unusual sensations)**

Capsule Ingestion \_\_\_\_\_ : \_\_\_\_\_

Two hours after swallowing capsule,  
resume clear liquid diet \_\_\_\_\_ : \_\_\_\_\_

Four hours after swallowing capsule,  
start light diet and restart regular medications \_\_\_\_\_ : \_\_\_\_\_

Return to Clinic \_\_\_\_\_ : \_\_\_\_\_

Capsul Excretion \_\_\_\_\_ : \_\_\_\_\_

**If you have any questions or concerns, call 253.272.5127 and ask to speak with a nurse.**

**WASHINGTON GASTROENTEROLOGY**  
**Digestive Health Specialists Division**

**Consent Form**

I CONSENT TO UNDERGOING A CAPSULE ENDOSCOPY EXAMINATION.

Capsule Endoscopy is an endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach, or colon. It does not replace upper endoscopy or colonoscopy.

I understand there are risks associated with any endoscopic examination, such as bowel obstruction. An obstruction may require immediate surgery. There is also a remote risk of capsule aspiration (capsule going into the passageway leading to the lungs), which would require emergent intervention.

I am aware that I should avoid MRI machines and any metal detective devices during the procedure and until the capsule passes following the exam.

I understand that due to variations in a patient's intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I understand that complications can occur in this procedure and recognize that not all complications can be anticipated. I also understand there is a risk of missing a significant finding by the physician interpreting the data.

I understand the capsule is not approved for use in patients with pacemakers or implanted cardiac defibrillators. The capsule has been used in some centers in these patients without complications related to the pacemaker or implanted defibrillator. I have advised my physician whether I have a pacemaker or implanted cardiac defibrillator.

I understand that images and data obtained from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

This procedure and its risks have been explained to me, along with alternatives of diagnosis and treatment and I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction concerning the planned examination.

I authorize \_\_\_\_\_ or covering provider to perform capsule endoscopy.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date