Having a panenteric capsule endoscopy
Pillcam small bowel and colon

Information for patients
Endoscopy
Introduction

You have been advised to have a small bowel and colon capsule endoscopy (panenteric pillcam examination).

We have written this booklet to help answer some of the concerns you may have about the test. It may not answer all of your questions. If you have any worries please don’t hesitate to ask.

Sister Victoria Thurston / Sister Ailish Healy:

- 0114 271 1900  Bleep: 2844

The aims of this booklet are:

- To explain what happens on the day of your test
- To tell you what preparation is required
- To answer some of the questions you may have about the test

What is a panenteric capsule endoscopy (pillcam small bowel / colon)?

Panenteric capsule endoscopy (or pillcam small bowel and colon) is a test which looks for abnormalities in the whole of the bowel.

This examination enables us to visualise the small bowel (small intestine) and the colon (or large intestine). The upper gastric tract and colon are usually examined using a flexible camera but occasionally this is not possible.

Pillcam small bowel / colon
Why do I need a (panenteric) capsule endoscopy?

A dual pillcam examination is most commonly performed when patients, for whatever reason, are unable or do not wish to undergo flexible camera examination.

To examine both the colon and small bowel will require an overnight stay in hospital.

Can there be complications or risks?

With this procedure there is a small risk that the test may need to be repeated. This is usually the case if the colon is not clean enough to see anything or the camera moved through the gastric tract too quickly. Should this be the case we will contact you to re-book the test.

The only real risk of pillcam (small bowel and colon) is the failure of the pill camera to pass through the small bowel. In our experience, this has only happened to one person in over 200 procedures. Experience elsewhere suggests that when this happens, it does not pass through because of a narrowing in the small bowel which is the cause of the problem being investigated. So non-passage of the pill camera does mean that the answer has been found. Furthermore, it rarely blocks the bowel completely.

If there is any concern you may have a narrowed bowel we would perform a patency capsule first. This is a dummy pill that is swallowed to check the small bowel is clear and therefore safe to swallow the pill camera. If you require a patency capsule further information will be given to you.

MRI scanning is not permitted until the pillcam has been excreted from the body.

Please tell us if you are pregnant as the test should not be performed during pregnancy.
If you have a cardiac pacemaker or internal electromedical device please let us know by contacting us on the number above.

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

**How is the test done?**

The small bowel pillcam is performed first, followed by the pillcam colon. Both pillcams are the size of a large vitamin pill (32x12mm). They contain video cameras on a silicone chip, which are powered by 2 tiny batteries and a wireless transmitter. The small bowel pillcam captures 2 images per second. The colon pillcam captures 4 images per second.

You will be asked to swallow the capsule after having a low fibre diet for 5 days, taking laxatives and fasting.

The capsules start taking photographs which are sent by transmitter through to sensors which are attached to the skin of your abdomen using sticky pads. From there, the images go to a data recorder (pocket size computer) which is carried around in a shoulder bag.

The whole process requires admission and is complete when the colon pillcam has passed out of the body. The small bowel pillcam can take longer to pass through the body. We usually give the small bowel pill camera at 10.00pm to record overnight followed by the colon pillcam the following morning. Half an hour after swallowing the pillcam we
will attach a portable laptop to your data recorder to make sure the pill camera has left the stomach.

Some people have slow gastric emptying. If this is the case with you, we may give you medication to increase the movement in your stomach. If this is unsuccessful it may be necessary to place the pill camera via an endoscope. This will only be done after discussion with you first.

**Throughout the pillcam colon test you will be given medication to help move the pillcam through the gastric tract. You will be starved for most of the day**

The equipment is removed after the pillcam has been passed out of the body, 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 your referring doctor and GP. These results can take 4-6 weeks.

**Preparation for the test**

Please wear loose fitting clothing, preferably a t-shirt and trousers or shorts, when attending for your test. You will also need to bring items for an overnight stay.

**You will need to stop any iron tablets for 7 days prior to your appointment.**

Bowel preparation is an essential part of the examination and this involves dietary advice and use of laxatives. Your referring doctor will have indicated if you are able to take the bowel preparation. Please contact us if you are unsure.
# Day 1-5 please eat a low fibre diet

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<thead>
<tr>
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<th>Foods to include</th>
<th>Foods to avoid</th>
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<tbody>
<tr>
<td><strong>Meat/fish</strong></td>
<td>Minced or well cooked - lean beef, lamb, ham, veal, pork, poultry, fish, shellfish.</td>
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<tr>
<td></td>
<td><strong>Fruit/vegetables</strong></td>
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<td></td>
<td>Potatoes - boiled, creamed, mashed or baked (no skins)</td>
<td>All fruit and vegetables</td>
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<td></td>
<td><strong>Pasta/rice</strong></td>
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<td>Plain macaroni, spaghetti, noodles, plain boiled white rice</td>
<td>Wholemeal pasta or spaghetti. Brown rice or vegetable rice.</td>
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<td><strong>Cereals/bread</strong></td>
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<td>Cornflakes, crisped rice, white bread, plain bread teacakes/ plain bread.</td>
<td>Weetabix, bran cereals, muesli, wholemeal granary bread. Bread with oats and seeds.</td>
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<td><strong>Biscuits/pastries/puddings</strong></td>
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<td><strong>Other</strong></td>
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**Day 6**

After breakfast have clear fluids only. You will be admitted to the Clinical Investigation Unit at 12 midday. At this stage you will continue to take no further solid food, only clear fluids until 4.00pm. You will then follow a bowel preparation plan before swallowing the small bowel capsule at 10.00pm.

**Day 7**

The small bowel pillcam recorder is removed at 8.00am and data is downloaded.

Further bowel preparation is given followed by the pillcam colon at 11.00am. Further medication will also be given to move the pillcam colon through the gastric tract.

This test is complete when the pillcam colon has been passed.

**Example of clear fluids; clear strained soup, lucozade, tea or coffee but with little milk or no milk, Bovril or oxo.**

**Medication**

Please stop taking iron tablets 7 days prior to the test.

**Do not take any medication on the day of the test. The nurse will advise you when you can take your medication.**

**If you are diabetic or require further advice about your medications please contact:**

*Sister Victoria Phillips / Sister Ailish Healy* on

- 0114 271 1900    Bleep: 2844

Do bring your other tablets or medicines with you so that you can take them after you have had your procedure.
When you arrive at Ward P1 (Clinical Investigation Unit)

On arrival at the Royal Hallamshire Hospital please go into the main building on B Road and take the lift to P Floor. Ward P1 (Clinical Investigation Unit) is clearly signed as you exit the lift. Make your way to the ward reception where you will be checked and shown to the day case facility.

A nurse will visit you for pre-assessment. This involves checking your pulse, blood pressure and checking your preparation. We will also check if you have any allergies before confirming the arrangements of your admission.

Please feel free to ask questions or voice any worries you may have regarding your test.

The consent form

Before a doctor or healthcare professional examines or treats you, they will need to gain your consent. This will be required in writing. If you later change your mind, you are entitled to withdraw consent even after signing. A copy of the consent form will be offered to you.

What should I know before deciding?

The health professional / doctor will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this information on the consent form as well as discussing choices of treatment with you. We encourage you to ask questions and inform us of any concerns that you may have. It may be helpful for you to write these down as a reminder.
What are the key things to remember?

The main thing to remember is that it is your decision. It’s up to you to choose whether or not to consent to what is being proposed. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

Can I find out more about giving consent?

Further information about consent is available on the NHS Choices website as follows:

- www.nhs.uk/conditions/consent-to-treatment

What happens after the test?

As soon as the test is complete you are free to go home.

When can I get back to my normal activities?

You should be ready to get back to your normal activities immediately.

Getting your results

Results can take up to 4-6 weeks. This is because of the time it takes to look at the large number of images.

Results are sent to your referring doctor and GP. If results are required urgently your doctor can contact us.

If you have any problems when you go home, or are feeling worse than you expected, please contact the Clinical Investigation Unit on the following number:

- 0114 271 2218
Frequently Asked Questions and Answers

1. If my symptoms have stopped before the capsule endoscopy, should I still come for the test?

Yes. It is important that you still come for the test. Your doctor has arranged the test to check the health of your small bowel and colon.

2. Will it hurt?

No. These examinations are not painful.

3. Can I drive home after the procedure if I choose?

Yes as long as you have not had sedation, there are no after effects from the test.

4. Can I park at the hospital?

Yes, we do have a have a car park, this is indicated on the enclosed map. The rates are as follows:*

**Royal Hallamshire Hospital**

- Up to 2 hours = £2.50
- Up to 4 hours = £3.70
- Over 4 hours = £8.40

Disabled parking bays in the multi-storey car park are charged at normal rate, however there are disabled parking bays on A and B Roads which are free of charge.

*Car parking charges are correct at the time of printing. Please ensure you check the rates before parking.
5. Can I get public transport to the hospital?

Yes, the hospital is well served by public transport. For further details contact Traveline as follows. Please remember if you have sedation you will not be able to travel home using public transport.

- Traveline 01709 51 51 51
- www.travelsouthyorkshire.com/timetables

6. Are there facilities for my relatives / friends to obtain refreshments while they are waiting for me?

Yes, refreshments are available in the cafe on B Floor and in the dining room on D Floor of the Royal Hallamshire. Tea and coffee are also available on the ward.
Please use this space to make a note of any questions you may have about your test