

# Capsule Endoscopy

## Endoscopy Department Patient information

This leaflet contains information for patients and carers about Capsule Endoscopy

**Your doctor has referred you for a test called a Capsule Endoscopy, which allows us to examine your small bowel.**

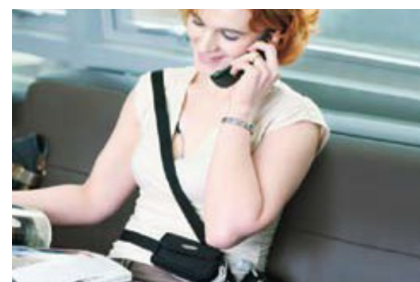
The capsule is smooth and the size of a large vitamin tablet; most people find this easy to swallow.

The capsule takes pictures as it moves through your small bowel - these are transmitted from the capsule to eight leads attached to your abdomen. The leads are attached to a recorder unit, which is placed into a shoulder bag for you to wear. The leads and recorder are removed after approximately 12 hours and the recorded images are reviewed.

### Before you come for your Capsule Endoscopy:

We need to know if you have any of the following:

- Known intestinal obstruction, strictures or fistulae
- Difficulty swallowing
- Diabetes
- Pregnancy
- An MRI scan planned in the near future



If any of these apply to you, please contact the Endoscopy Department on **0300 019 4668** or **0300 019 4907** as we may need to assess you in more detail prior to proceeding with the capsule endoscopy. A specialist pre-assessment nurse will get in touch with you prior to your procedure and will be doing a pre-assessment either through a telephone conversation or you may be requested to come in the hospital.

### Can I still take my usual medication before the procedure?

You may take most of your usual medications without a problem, however there are some which you should avoid:

When to stop medication before Capsule Endoscopy:	
14 days before	Anti-inflammatory painkillers (e.g. Ibuprofen, Diclofenac)
7 days before	Iron supplements (e.g. Ferrous Sulphate)
	Stool bulking agents (e.g. Fybogel)



When to stop medication before Capsule Endoscopy:	
The day before	<b>ACE Inhibitors</b> (e.g. Captopril, Cilazapril, Enalapril, Fosinopril, Imidapril, Lisinopril, Perindopril, Quinapril, Ramipril, Trandolapril)
	<b>Diuretics</b> (e.g. Bendrofluazide, Bendrofluemthiazide, Bumetanide, Frusemide, Indipamide, Metolazone, Spironolactone)
	<b>Angiotensin-II Receptor Antagonists</b> (e.g. Candesartan, Eprosartan, Irbesartan, Losartan, Olmisartan, Telmisartan, Valsartan)
	<b>Diabetic Medication</b> (e.g. Metformin, Gliclazide)
On the day	<b>Codeine or opiate painkillers</b> (e.g. Morphine)

## When can I start taking these medications again?

You may restart all of your medication the day after the procedure. If you have any stomach pain, discomfort, nausea, or vomiting after your capsule endoscopy, please contact the endoscopy department or seek medical advice in the emergency department.

## On the day before the procedure:

- You may have breakfast which must be before 8am and then no food after this. You can continue to drink clear fluids only.  
  
(Clear fluids are liquids such as water, black tea or coffee and juice or squash that you can clearly see through, such as apple juice. This includes consommé (clear soup with no 'bits'), and green or yellow jelly. You should not have red or purple jelly, orange juice or barley squashes or soup).
- You will have been given one sachet of Picolax (a preparation to clear your bowel). At 6pm, dissolve the contents of the sachet in a cup of water and drink it when it has cooled down, followed by a litre of clear fluid over the next two hours.
- You should experience frequent bowel actions followed by diarrhoea two to three hours after taking Picolax.
- You may continue to drink clear fluids.

## On the day of the procedure:

- Do not eat after midnight. You can still drink up until your appointment time.
- Wear a separate top and trousers/skirt so that the leads can be easily connected to the recorder unit.
- Do not use any moisturising creams, particularly on the chest or abdomen.
- Come to the Endoscopy Department as directed in your appointment letter.

## Consent

The consent form will be provided and completed on the day of your procedure. The consent form gives us formal agreement for your colonoscopy.



## Can there be complications or risks?

If the bowel preparation is inadequate and the views taken are not clear enough, the test may need to be repeated. There is a small chance of a technical issue with the equipment which could affect the quality of the video recording. There is a risk that the capsule may be retained in your small bowel if you have a stricture (narrowing) that is not known about. This could be caused by Crohn's disease for instance, in which case treatment with anti-inflammatory medications may allow the narrowed part of the bowel to heal so the capsule passes by itself. If the capsule is at the extreme upper or lower end of the small bowel, it may be possible to retrieve it using an endoscope. Please note that capsule retention is uncommon and is reported to happen in less than one person in over 200 procedures. If the bowel were to be found severely ulcerated, scarred, or blocked by a tumour, an operation might be needed, not only to remove the capsule, but to treat the disease.

## During the procedure:

- We may have to shave body hair in areas where antenna leads need to be attached securely, such as the chest.
- You may be given a small tablet (Domperidone) to promote movement of the capsule through your digestive tract. Infacol (Simeticone), in liquid form, may be given to reduce bubbles in the gut and improve the images obtained.
- We will then ask you to swallow the capsule with a small amount of water.
- You will not need to remain in Hospital for the duration of the procedure. 30 minutes after the capsule has been swallowed you will be allowed to go home with instructions on how to disconnect the equipment.
- You will be able to drink water directly after swallowing the capsule.



You can drink any other fluids e.g. tea/coffee two hours after the capsule has been swallowed. You may eat after four hours.

- Once the battery life of the capsule recorder unit has finished (approximately 12 hours) it can be safely removed.

**Please return the recorder and leads to the Endoscopy Department before 11am the following morning.**

**If you have any stomach pain, discomfort, nausea, or vomiting after your capsule endoscopy, please contact the endoscopy department or seek medical advice in the emergency department.**

**Sometimes the capsule does not reach your large bowel within the time of the study - 12 hours. This will show on the video. If this happens, your endoscopy team will arrange an x-ray to see if the capsule is still in the small bowel.**

Please inform us if you experience any skin irritation from the adhesive pads which are used to attach the leads to your skin.

## After the procedure:

The capsule will usually pass naturally through the bowel. It is disposable and you should allow it to flush away down the toilet. It may pass unnoticed.

**You must not have an MRI scan until you know that the capsule has passed.**



## When will I know the results of my Capsule Endoscopy?

A follow-up out-patient appointment will be arranged for you to discuss the results. A copy of the results will also be sent to your GP.

## Confidentiality:

The recorded images from your capsule endoscopy will be used to help us determine what treatment you may require. In addition, in the future we may wish to use the data collated for audit, education or research purposes. Data used will always be kept completely anonymous, however if you do not wish us to use your data in this way please let us know.

## Where is the Endoscopy Department?

The Endoscopy Department is on the Ground Floor, in the West Wing of the hospital.

## For further advice or information please contact:

**Royal Bournemouth Hospital Endoscopy Department:**  
**0300 019 4668** (Monday - Friday 8am - 6pm)

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