

Colon capsule endoscopy

Endoscopy Department Patient information

You have been advised to have a colon capsule endoscopy.

This leaflet was written to help answer some questions you may have about the test.

The aims of this booklet are:

- to explain what happens on the day of your procedure
- to inform you what preparation is required
- to answer some of the questions you may have about the test.

What is a colon capsule endoscopy?

A colon capsule endoscopy is a test which looks for abnormalities in the colon (large intestine). The colon is the last part of the gastrointestinal tract. This test is an alternative to, and in many ways similar to, a colonoscopy.



How is the test done?

You will be asked to take a tablet to help increase your bowel movements (Prucalopride), then a nurse will help you fit a sensor belt around your abdomen, which will connect to a data recorder (pocket size computer) that you will carry in a small shoulder bag. You will then be asked to swallow the capsule which will take pictures and transmit them to the data recorder. Once at home, **do not remove the equipment until you pass the capsule or until the following morning**, whichever comes first, even if you need to use the toilet.

To help with the transit of the capsule along the bowel, you will be given some medications we call 'boosters' to take at home. It is possible (and likely) that the capsule will pass before you have taken all the boosters and, if this is the case, your test is finished, and you won't need to take the remaining medications. If you don't pass the capsule on the day of your procedure, despite taking all the boosters, then please wear the equipment until the next morning (sleep with it).

	First booster	Second booster	Third booster
Time to take	Two hours after you swallowed the capsule or after you receive alert '1' on your recorder, whichever comes first	Three hours after taking your first booster (if you haven't passed the capsule yet)	Two hours after your second booster (if you haven't passed the capsule)
How to take	Take 1mg of Prucalopride with some water and then add 25mls of Fleet phosphate sodium to a full glass of water (150mls) and drink it.	add 20mls of Fleet phosphate sodium to 150mls of water and drink it	Give yourself a Bisacodyl suppository

Please return the equipment to the hospital by 11am the following day. The video will then be reviewed and the results sent to the referring doctor and to your GP, usually within 1-2 weeks.

Preparation for the test (with Plenvu)

This information booklet has been issued to you along with one box of plenvu. **Please ensure you follow the advice for taking Plenvu carefully** to allow for a complete and thorough examination. **Poor bowel preparation will have a negative impact on the quality of the colon study and you may be asked to repeat it.**

Seven days before your colon capsule endoscopy:

If you take iron tablets (e.g. ferrous sulphate, ferrous fumarate) or stool bulking agents (e.g. Fybogel, ispaghula husk) please stop taking them until after your colon capsule endoscopy.

Five days before your colon capsule endoscopy:

If you take medication to control diarrhoea (e.g. loperamide) please stop taking it until after your colon capsule endoscopy. Continue to take your other regular medication, including laxatives.

Three days before your colon capsule endoscopy:

You may eat a normal breakfast. **After 9am you may eat low fibre foods only** until after your colon capsule endoscopy. Examples of foods to choose and those to avoid are given in the table below.

✓ Choose (low fibre)	✗ Avoid (high fibre)
Cereals such as cornflakes, Rice Krispies, Ricicles, Frosties, Sugar Puffs, Coco Pops	All Bran, Wheat Bran, Weetabix, Shredded Wheat, Branflakes, oat bran, muesli, Ready Brek, porridge, granola
White bread/rolls, white wraps, white pitta, white naan or chapatti, crumpets	Wholemeal, high fibre white ('Best of Both'), softgrain, granary or oatmeal bread products
White pasta or noodles, white rice, cous cous	Wholemeal pasta or noodles, brown rice
White flour, white breadcrumbs or batter	Wholemeal or granary flour, wheatgerm
Chicken, turkey, fish, cheese, eggs (including plain omelettes)	All red meats, including foods containing red meat such as burgers, sausages, ham
Clear or sieved soups (consommé or Bovril)	Chunky vegetable, lentil or bean soups
Potato flesh, boiled or mashed potato, crisps	Potato skins, jacket potatoes
Fruit juice with no 'bits' or pulp, cordial, squash herbal or fruit tea (i.e. chamomile)	All fruits and vegetables, smoothies, salads
Milk, cream, custard, ice cream, jelly, lollies, milk puddings (e.g. crème caramel, semolina, rice pudding, tapioca, sago, blancmange) smooth mousse or yoghurt, crème fraîche	Yoghurts containing pieces of fruit/grains
Sponge cake, Madeira cake, rich tea biscuits, wafers, shortbread, waffles and pancakes made with white flour	Any cakes or biscuits made with wholemeal flour, nuts, fruit or grains (fruit cake, Ryvita, digestives or HobNobs)
Honey, lemon curd, golden or maple syrup, jams or marmalades containing no 'bits', Marmite, smooth peanut butter	Jam or marmalade with pips, skins or seeds, crunchy peanut butter, snacks containing nuts or fruit (muesli bars)
Salt, sugar, fine ground pepper, vinegar, mustard, gelatine, ground or dried herbs, salad cream, mayonnaise, ketchup, oil, butter	Nuts, Quorn, fresh herbs, fresh ground peppercorns, whole pickles, chutney, hummus

One day before the procedure

You may have a low fibre breakfast by 9am. **After 9am you must only have clear fluids until after your colon capsule endoscopy.**

Clear fluids include the following:

- water
- black tea and black coffee (without milk), herbal or fruit tea (no solids)
- oxo, Bovril, or Marmite drinks
- clear jellies (not red or purple)
- clear fruit squashes and cordials (not red or purple)
- clear fruit juice (such as apple or white grape)
- boiled sweets (not red or purple)
- clear fizzy drinks are okay (not red or purple), but can make you feel bloated

The box contains two doses (dose 1 and 2). At **6pm** prepare the **first dose** of Plenvu. Mix dose one with 500mls of water in a jug. Stir until the powder is completely dissolved. The solution should be clear or slightly hazy. You can mix the powder with chilled water, clear squash, or cordial. This will help it taste better. Some people find it easier to drink it through a straw. **Drink it slowly over two hours.** Do not gulp or rush. Take your time. If Plenvu makes you feel sick, try drinking small sips until it is gone.

It is important to drink at least 500ml (half a litre or about a pint) of clear fluid in addition to each litre of Plenvu to avoid becoming dehydrated.

At **9pm** prepare the **second dose. Drink it slowly over two hours.** Remember to drink 500ml of clear fluid during the evening to keep you hydrated. Do not gulp or rush. Take your time. If Plenvu makes you feel sick, try drinking small sips until it is gone.

The effects of the Plenvu mean that you will need easy access to a bathroom. You will find that your stool (poo) becomes more liquid, and clearer, each time you open your bowels.

A separate information sheet is enclosed containing advice about which medications need to be stopped. Remember to take any medication at least one hour before or after each dose of Plenvu.

The day of your colon capsule endoscopy:

You may continue to drink clear fluids until two hours before your appointment and then water only until after your colon capsule endoscopy.

Note: If you need to take medication prior to your appointment, you may do so with sips of water. Please wear loose fitting clothing, preferably a t-shirt and trousers or shorts, when attending for your test.

The consent form

Please read the consent form to familiarise yourself with it and bring it with you to the endoscopy department on the day of your test. The nurse will need to gain your consent, in writing, before they are able to go ahead with your procedure. If you later change your mind, you are entitled to withdraw consent even after signing it. A copy of the consent form will be offered to you.

Can there be complications or risks?

If the bowel preparation is inadequate and the views obtained 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 that 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 occur 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 required, not only to remove the capsule, but to treat the disease also.

It is important to appreciate that if the capsule identifies certain types of abnormalities you may need a colonoscopy or flexible sigmoidoscopy to take biopsies or remove polyps. This would be arranged in due course.

Please tell us if you are pregnant, as capsule endoscopies should not be performed during pregnancy.

MRI scanning is not permitted until you receive a copy of your capsule report confirming a complete capsule study has taken place.

Frequently asked questions and answers

What happens after the test?

Diet: you can drink water only for the first two hours and then you can have black tea and black coffee. Chewing gum is strongly recommended after you've swallowed the capsule as this stimulates bowel movements. You are allowed to eat and drink normally after you've had your second booster.

Exercise: please remain active for the rest of the day. Sleeping and sitting down for long periods of time may compromise the success of your study.

End of the procedure: once you have passed the capsule during a bowel motion, or the by the following morning, whichever comes first, the test is considered completed and you can remove the equipment.

Why is the data recorder alarming?

You will notice your data recorder alarming up to four times during your procedure. This is just a reminder for you to take your boosters and you may silence each alert by pressing and holding the round button on the top right corner of your data recorder for five seconds.

When can I get back to my normal activities?

As soon as you pass the capsule, or the following morning, whichever happens first.

Can I drive home after the procedure if I choose to do so?

Yes, there are no after effects from the test.

If you have any other queries, please do not hesitate to contact the Endoscopy Unit at Royal Bournemouth Hospital on **0300 019 4665** (8am - 6.30pm).


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