

Capsule Endoscopy Preparation Instructions

1 day before your capsule endoscopy

- **Prior to 2pm** - Have your normal breakfast and a light lunch.
- **After 2pm** - You must have **NO SOLID FOODS** and only **APPROVED** clear fluids. Approved clear fluids include: Water, clear fruit juices, black tea or coffee, Lucozade, sports drinks, lemon or lime cordial, clear strained soups or broth, jelly (no red or purple colours) and barley sugar.
- **Throughout the day** - Drink at least 1 glass of approved clear fluid every hour to maintain hydration. This also helps to clear out the small bowel and ensure that clear pictures can be obtained during the procedure.
- **After midnight** - You must have **NO THING MORE TO EAT OR DRINK.**

On the day of your procedure

- You must NOT have anything to eat or drink **including water** before you swallow the capsule.
- Essential medications may be taken with just a sip of water up to 2 hours before the procedure.
- Please wear 2 pieces of loose fitting clothing (eg. T-shirt and trousers / skirt)

Swallowing the capsule

You will need to attend Premier Gastroenterology first thing in the morning (usually around 8am) for about half an hour where the data recorder belt is attached, and you will be given the capsule to swallow with some water. You can leave straight after swallowing the capsule and will need to return 8 hours later.



After swallowing the capsule

- Check the blue light on the top of the Data Recorder **every 15 minutes** to ensure the light is blinking. If the light stops blinking, note the time and call the clinic.
- **After 2 hours** - You can drink clear liquids (water, apple juice)
- **After 4 hours** - You can eat a light meal and take your usual medications (unless otherwise advised)
- **After 8 hours** - You will return to Premier Gastroenterology to have the recorder removed. The recorded digital images are then downloaded to a computer and examined by your gastroenterologist – it takes several hours to review the video, so you will not receive any results on the day of the procedure. The capsule is passed into the toilet (usually unnoticed) and flushed away.

Do not exercise. Avoid heavy lifting. Try not to touch the Data Recorder or the SensorArray leads and avoid getting them wet. Avoid going near MRI machines and radio transmitters.

You may walk, sit, lie down, drive and return to work if you are able to avoid unsuitable environments and physical activities. Computers, radios, stereos and mobile phones are all safe to use.

Most patients do not have any problems following capsule endoscopy, but if you develop severe abdominal pain, a fever, nausea and vomiting, black tarry motions or bleeding from the back passage (more than 1/2 cup of blood), please contact your doctor (or the closest emergency department) immediately.

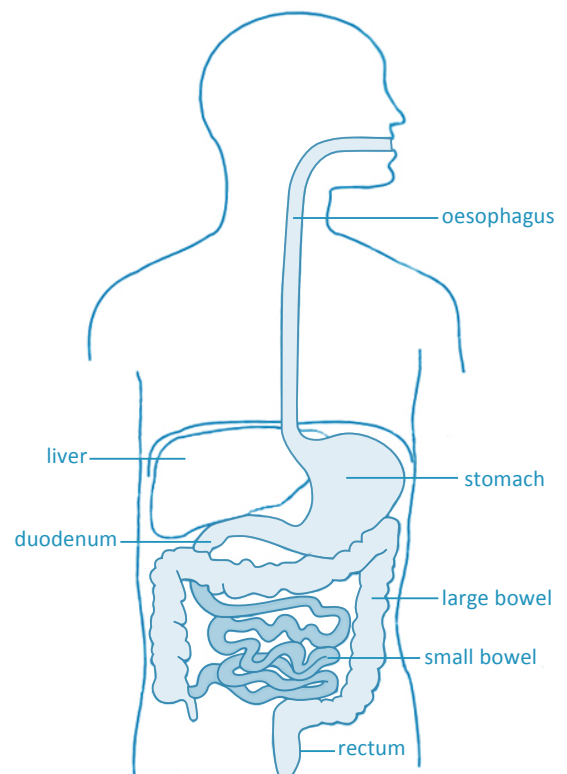
Capsule Endoscopy (PILL CAM®) Information Sheet

What is a capsule endoscopy?

A capsule endoscopy is a safe and effective way of visually examining the lining of the oesophagus, stomach and small intestine, (a part of the gastrointestinal tract not easily be reached by other means) using a swallowed video capsule.

The video capsule is a small, plastic capsule (about the size of a Jelly Bean), containing a tiny video camera, light bulb, battery, and radio transmitter. Once swallowed, it travels naturally through the digestive system, recording more than 50,000 images over a period of approximately 8 hours. During the procedure, these images are transmitted to a data recorder worn on a belt around your waist. Once the procedure is complete, the photographs are downloaded onto a computer and reviewed by your gastroenterologist.

It is important to note that the capsule procedure has some limitations and is not intended to replace gastroscopy or colonoscopy. It can only view the problems your doctor may be looking for, and does not allow treatment such as removing a polyp. A further procedure or surgery may be required if a problem is found.



Is there an alternative to having a capsule endoscopy?

Depending on the reason your doctor has suggested a capsule endoscopy, there may be alternative tests available such as x-rays, scans or a small bowel endoscopy. However, capsule endoscopy generally provides an accurate view of the entire small bowel not always possible with these other tests. Your doctor will discuss these options with you.

How long will the procedure take?

Capsule Endoscopy is a day procedure so you will not have to stay overnight in hospital. No sedation or anaesthetic is required.

Will there be any discomfort?

No. The capsule is around the size of a Jelly Bean, so you should have no problem swallowing or passing it. The capsule will pass naturally with your bowel movement within 24-48 hours and usually goes unnoticed. It can be safely flushed away. If you are concerned that the capsule has not passed after 7 days you should contact Premier Gastroenterology on: 9428 01000.

Most patients do not have any problems after the procedure but if you develop abdominal pain, a fever, nausea and vomiting, black tarry motions or bleeding from the back passage (more than 1/2 cup of blood) or any other symptoms that you are concerned about, contact your doctor (or the closest emergency department) immediately.

When will I receive my results?

You will not receive any results directly at the end of the procedure because the video images need to be processed and reviewed. Results are generally available 1 week after the procedure. A report will be sent to your referring doctor and you should make an appointment to review your results with them around 1 week after your procedure.

What type of diseases can be diagnosed with capsule endoscopy?

Some common examples of small intestine diseases diagnosed by capsule endoscopy include:

- **Angiodysplasias** (collections of small blood vessels located just beneath the inner intestinal lining that can bleed intermittently and cause anemia)
- **Small intestinal tumors** such as lymphoma, carcinoid tumor, and small intestinal cancer
- **Crohn's disease** of the small intestine

What are the risks of having a capsule endoscopy?

About 1 in 100 people will have trouble passing the capsule because it becomes stuck. This can be due to a narrowing (stricture) due to a tumour, inflammation or scarring from previous surgery. This is not usually serious in the short term, but surgery may be needed to remove it.

When the digital images are reviewed, if the capsule is not seen to enter the large bowel, an X-ray may be performed. Rarely, due to technical problems the procedure may fail and need to be repeated.

Until the capsule passes, further testing which includes any type of MRI should be avoided because this may cause damage to your intestinal tract or abdominal cavity. If you have an MRI planned and are not sure the capsule has passed, please contact your doctor to discuss this – you may require an X-Ray before undergoing an MRI.

Capsule Endoscopy Consent Form

Capsule Endoscopy is a way for your doctor to visualise the small intestine. It is not intended to examine the oesophagus, stomach, or colon. It does not replace gastroscopy or colonoscopy.

Before you agree to this procedure you should be aware of the reason for which it is being proposed, the alternatives and the problems that can occur. No treatment or procedure is totally risk free, but routine capsule endoscopy is very safe.

Please read the Capsule Endoscopy information sheet thoroughly and bring this consent form with you when you arrive at the surgery.

The main complications following a capsule endoscopy are as follows:

- There is a very small risk of the capsule getting stuck in the bowel if a narrowing is present (approximately 1 in 100). This is not always known before the procedure. If the capsule did get stuck you may require an operation or endoscopic procedure (gastroscopy or colonoscopy).
- In about 20% of people (2 in every 10 patients) the capsule does not reach the large intestine before the end of the procedure. This means that there is some intestine that has not been photographed, and so it is impossible to be sure that something has not been missed.

You should also be aware that:

- The capsule contains metal - you should avoid tests such as an MRI scan, that can interact with metal until you are sure the capsule has passed.
- Images and data obtained from your capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

Patient consent

I have read and fully understand the capsule endoscopy information sheet. The procedure and its risks have been explained to me, along with alternatives of diagnosis and treatment. I am satisfied that all my questions regarding the planned examination have been answered. I have read and understood this information and agree to undergo Capsule Endoscopy.

Patient Name: _____ Signature _____ Date: _____

Witness Name: _____ Signature _____ Date: _____