

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet - Capsule Endoscopy

1. Introduction

- 1.1. Capsule endoscopy (CE) involves ingesting a pill sized video camera with light source and recording images of the whole gastrointestinal tract especially for the small intestine. The capsule will be passed out from the body at last.
- 1.2. It helps to evaluate the small intestine which cannot be reached by traditional upper or lower endoscopies.
- 1.3. It is a non-invasive procedure and takes around 8 hours to complete the recording. However, it is diagnostic only as no intervention or biopsy taking can be performed.
- 1.4. CE serves the purpose to find the cause of bleeding from the small intestine.
- 1.5. Please inform the doctor if you have:
 - 1.5.1. Pacemaker implantation
 - 1.5.2. History of diabetes, renal disease
 - 1.5.3. Signs of intestinal obstruction such as abdominal pain and vomiting
 - 1.5.4. Current medications including iron, aspirin, bismuth subsalicylate...etc.

2. Procedure

- 2.1. Three days before capsule endoscopy:
 - 2.1.1. Avoid high fiber diet, such as fruit, vegetable, or nuts...etc.
 - 2.1.2. On low-residue low-fat diet, such as rice, white bread and meat...etc.
- 2.2. The day before capsule endoscopy:
 - 2.2.1. On fluid diet, such as plain congee, soup or clear juice...etc.
 - 2.2.2. Avoid alcohol, milk and soya milk products.
 - 2.2.3. No dark color drink, such as coffee or strong tea...etc.
 - 2.2.4. Take laxative as prescribed.
 - 2.2.5. Only clear water is allowed after laxative.
 - 2.2.6. Fast (no food nor drink) for 6 hours before the procedure.
- 2.3. On the day of capsule endoscopy:
 - 2.3.1. Sign the consent.
 - 2.3.2. The procedure will be started in early morning.
 - 2.3.3. Avoid tight clothing and trousers.
- 2.4. During capsule endoscopy:
 - 2.4.1. Sensors will be placed on the abdomen and chest by using sticky patches which connected by wires to a recorder. The recorder is placed in a belt case. Patient carries it and continue daily activities. The pictures are then transmitted via these sensors to the recorder.
 - 2.4.2. Do not remove the sensor and patches during the procedure.
 - 2.4.3. Swallow the capsule with water, make sure the capsule has travelled the length of the esophagus. DO NOT bite the capsule.
 - 2.4.4. Verify the light on the recorder is blinking. Please contact our staff if it stops blinking *.
 - 2.4.5. * Olympus shows green light; GIVEN PillCam shows blue light (according to nurse's instructions)
 - 2.4.6. Keep fasting within 2 hours of ingestion of the capsule.
 - 2.4.7. Clear water is allowed after 2 hours of ingestion of capsule.
 - 2.4.8. Have fluid diet and medication 4 hours afterwards.
 - 2.4.9. Bed rest is not allowed after ingestion. Please carry on daily activity or walking around.
 - 2.4.10. Avoid strenuous physical activity. Do not bend or stoop because it may damage the recorder.
 - 2.4.11. Do not stay near Magnetic Resonance Imaging (MRI) or amateur radio transmitter to avoid interference.
 - 2.4.12. The capsule will not interfere mobile phones, computers and radios.
 - 2.4.13. Please keep the recorder with care. Do not press any button of the recorder.
 - 2.4.14. Do not remove the belt or recorder at any time during the procedure.



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2.4.15. The machine will be off in around 8 hours by the nurse. Resume your diet afterwards.

3. Possible Risks and Complications

- 3.1. The risk of the procedure is very low which includes obstruction of capsule in the gut that may require endoscopic or surgical removal. This is usually related to stricture of digestive tract arising from inflammation, prior surgery or tumor.
- 3.2. Technical complication such as battery failure of the capsule may occur. It requires repeating the procedure after passing out of the previous capsule.

4. Post capsule endoscopy

- 4.1. Normally the capsule will be passed out after 24 hours.
- 4.2. If excretion of capsule cannot be verified, please contact the doctor.
- 4.3. If unexplained abdominal pain, vomiting, chest pain, fever or difficult in swallowing developed, please contact the doctor or endoscopy centre.
- 4.4. No MRI is allowed if the excretion of capsule cannot be verified. Otherwise, damage of the intestine may happen.

5. Remarks

- 5.1. The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in specific patient groups or individual patient. Please contact your physician for further enquiry.
- 5.2. The information marked with * based on different model of capsule endoscopy.

6. References

- 6.1. American Society for Gastrointestinal Endoscopy (2017). Patient information: Understanding Capsule Endoscopy. Retrieved from: www.asge.org/patients/patients.aspx?id=390
- 6.2. PillCam Capsule Endoscopy: Know Your PillCam Recorder.
- 6.3. Olympus Capsule Endoscopy System: Workstation Access and Setup.

I, _____ acknowledged that the above information concerning the operation or procedure has been explained by Dr _____. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Name:

Patient No.:

Case No.:

Sex / Age:

Unit Bed No.:

Case Reg. Date & Time:

Patient Signature: _____

Patient Name: _____

Date: _____

