

Capsule Endoscopy Pre-procedure Instructions

Pick up from pharmacy:

- Golytely (prescription drug)
- 4 tablets of simethicone over the counter (Gas-X or Mylicon or Gas Relief)

One WEEK before procedure:

- Stop any iron containing medications, including multivitamins with iron
- Continue all of your other normal medications including blood thinners as usual

One DAY before procedure:

- Do not take any fiber supplements (for example, no Metamucil, Fibercon, Citrucel, Konsyl or similar fiber agents)
- Do not take any food or drinks that are red
- You may have a light meal until 10 AM (for example, oatmeal, toast without butter, low fiber cereal, cooked egg)
- For the remainder of the day after 10 am- no solid food but can drink **CLEAR LIQUIDS ONLY** (for example, water, tea, soda, clear broth or bouillon, gatorade, popsicles, jell-o, apple juice or other juices without pulp). Coffee without milk or cream is OK.
- **Between 5-7 PM, drink 2 L of Golytely.** Discard the remaining 2 L of Golytely. You may mix it with ginger ale, non-red gatorade for improved taste if necessary. After 10 PM, stop all liquids except small sips of water if needed

On the procedure Day

- Chew 4 tablets of simethicone (Gas-X or Mylicon or Gas Relief) between 7 to 7:30 am with few sips of water
- No food or drink except as above
- Wear loose **cotton t-shirt** when coming for the procedure appointment
- **After swallowing capsule:**
 - May take normal medications with small sips of water **two hours after** swallowing the capsule
 - May start clear liquids (as described above) starting **four hours after** swallowing capsule
 - May return to regular diet starting **six hours after** swallowing capsule
 - **4:30pm** return to clinic for equipment removal

Understanding Capsule Endoscopy

What is Capsule Endoscopy?

Capsule Endoscopy lets your doctor examine the inner lining of the small intestines, which includes the three portions (duodenum, jejunum, ileum). Your doctor will give you a large vitamin sized pill camera for you to swallow with a cup of water. This camera has its own light source and takes pictures of your small intestine as it passes through. These pictures are sent to a small wireless recording device you have to wear on your body like a belt.

Capsule endoscopy helps your doctor evaluate the small intestine which is typically 20 feet long and very twisted unlike stomach and colon. This part of the intestine cannot be reached by traditional upper endoscopy or by colonoscopy instruments. The most common reason for doing capsule endoscopy is to search for a cause of bleeding from the small intestine. It may also be useful for detecting polyps, inflammatory bowel disease (Crohn's disease), ulcers, and tumors of the small intestine.

What Can I Expect During Capsule Endoscopy?

You will be seen by a nurse who will explain the procedure and you will swallow a pill-sized capsule. You will wear a belt with a data recorder for 8 hours. This recorder will be recording all the pictures that the pill capsule camera is taking inside your intestines. This process takes about 15-20 minutes and then you will be discharged to resume your daily activity. You will be given instructions about taking diet that day in a separate sheet. You will have to avoid vigorous physical activity such as running or jumping on the day of the study. You will return the recorder belt to the nurse after 8 hours the same day. You should contact your GI doctor within a week to discuss the results of the study.

After ingesting the capsule and until it is excreted (usually 1-3 days) you should not be near an MRI device or schedule an MRI examination for two weeks because the capsule has a small piece of metal inside. You will pass the capsule camera in stool in next couple days automatically and most of the patients do not notice it when they pass it. It can be safely flushed in the toilet.

What are the Possible Complications of Capsule Endoscopy?

Although complications can occur, they are rare. There is potential for the capsule to be stuck at a narrowed spot in the intestine resulting in bowel obstruction. This usually relates to a stricture (narrowing) of the digestive tract from inflammation, prior surgery, or tumor. Signs of obstruction include unusual bloating, abdominal pain, nausea or vomiting. You should call your doctor immediately if any of these occur.

Presence of following increase your risk of complications and discuss with your doctor in advance if you have any difficulty swallowing large pills, have any history of diverticula (pockets) in your esophagus or other parts of intestine, delayed stomach emptying (like gastroparesis), history of surgeries or blockage in the intestines, adhesions in your bowel, pacemaker or defibrillator placement.

Despite the bowel preparation, sometimes the small bowel pictures may not be seen well due to presence of bile and your doctors may have to repeat the test.