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Capsule Endoscopy (CE) lets your physician examine the lining of the middle part of your gastrointestinal tract, which includes the three portions of the small intestine (duodenum, jejunum, ileum). Your physician will use a pill sized video capsule called and endoscope, which has its own lens and light source and will view the images on a video monitor. You might hear your physician or other medical staff refer to capsule endoscopy as small bowel endoscopy, capsule endoscopy or wireless endoscopy.

Why is Capsule Endoscopy Done?
CE helps your doctor evaluate the small intestine. This part of the bowel cannot be reached by traditional upper endoscopy or by colonoscopy. 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.

As is the case with most new diagnostic procedures, not all insurance companies are currently reimbursing for this procedure. You may need to check with your own insurance company to ensure that this is a covered benefit.

How Should I Prepare for the Procedure?
An empty stomach allows for the best and safest examination, your physician will provide you with a comprehensive prep for the procedure.

Make sure you inform your physician about any medications you take including iron, aspirin, bismuth subsalicylate products and other “over the counter” medications. You might need to adjust your usual dose prior to the examination.

Discuss any allergies to medications as well as medical conditions, such as swallowing disorders and heart or lung disease.

Tell your physician if you have a pacemakers, have had previous abdominal surgery or history of bowel obstruction, inflammatory bowel disease or adhesions.
What Can I Expect During the Procedure?

Your physician will prepare you for the examination by applying a sensor device to your abdomen with adhesive sleeves (similar to tape). The capsule endoscope is swallowed and passes naturally through your digestive tract while transmitting video images to a data recorder worn on a belt for approximately 8 hours.

You will be able to drink clear liquids two hours after swallowing the capsule, and eat a light meal after four hours. You will have to avoid vigorous physical activity such as running, jumping and heavy lifting.

At the end of the procedure you will return to the office and the recorder will be removed to that images of your small bowel can be put on a computer for the physician to review.

What are the Possible Complications?

Although complications can occur, they are rare when physicians who are specially trained and experienced in this procedure, such as members of the American society for Gastrointestinal Endoscopy, perform the test.

Potential risks include complications from obstruction. This usually relates to a stricture (narrowing) of the intestine from inflammation, prior surgery or tumor. It’s important to recognize early signs of possible complications.

If you have evidence of obstruction, such as unusual bloating, pain and/or vomiting, call your physician immediately. Also if you develop a fever after the test, have trouble swallowing or experience increasing chest pain, tell your physician immediately.

How Does the Capsule Get Eliminated?

Normally the body will excrete the capsule during a bowel movement, depending upon your system the capsule battery may still be activated, if so, you may notice it blinking in the toilet. The capsule is disposable and can be flushed. DO NOT retrieve the capsule.

Occasionally, you will not notice the capsule pass. If you cannot positively verify the excretion of the capsule from your body, contact physician for evaluation and possible x-ray. (which is used to verify you have passed the capsule).