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Capsule endoscopy (Pillcam)

Patient Information

Your GP or Consultant has referred you to Dr Gareth Corbett for a capsule endoscopy to check your symptoms or to confirm a diagnosis

The Pillcam is used for investigating and monitoring conditions of the small intestine including:

- Crohn's disease
- Iron deficiency
- Coeliac Disease
- Intestinal bleeding
- Intestinal tumours
- Unexplained abdominal pain

To do this, you will swallow a capsule that contains a light source and a tiny camera. (It's about the size of a large vitamin pill.) Like any other pill, the capsule goes through the stomach and into the small intestine. It travels through the small intestine, which usually takes about 8 hours, and takes thousands of pictures. These pictures are sent to a device worn around the person's waist, while he or she goes on with normal daily activities. The pictures can then be downloaded onto a computer, where Dr Corbett can look at them as a video. The capsule passes out of the body during a normal bowel movement and is flushed away.

What is 'capsule endoscopy'?

The small intestine is difficult to reach and visualise using standard endoscopy techniques. 'Capsule endoscopy' uses a self-contained imaging device – effectively a video camera – within a capsule that is small enough to swallow. As it is propelled through the gastrointestinal tract it takes around 40,000 photographs over 8 hours that enable the lining of the small intestine to be examined. The 'Pillcam' transmits the

images to a recorder device that is worn on a belt and then downloaded into a computer. The video capsule itself is disposable.

This innovative technique is by far the best way of visualising the lining of the small intestine and can be the only way of detecting conditions such as Crohns disease of the intestine, or the cause of anaemia or intestinal bleeding to be identified.

Who should have video capsule endoscopy?

The Pillcam is used to investigate possible conditions of the small intestine. For instance, Iron deficiency anaemia is often due to slow blood loss from the gastrointestinal tract and it is usual to exclude causes in the stomach and colon by standard endoscopy techniques before using the Pillcam to examine the intestine. Similarly, the video capsule is used where there is a suspicion of Crohns disease that cannot be identified using standard endoscopy. The Pillcam can also be used to examine possible abnormalities of the intestine that show up on abdominal scans. It is used to monitor patients with refractory coeliac disease and intestinal polyps.

Symptoms of intestinal disease include abdominal pain, diarrhoea, unexplained weight loss or bleeding (which may be obvious, or so slow that it is not seen but gradually results in anaemia).

What does the test involve?

On the morning of the test, following an initial consultation, the capsule is swallowed with a glass of water. The capsule is easy to swallow and is about the size of a vitamin pill. You will be fitted with a belt that contains a receiver to pick up the radio signal from the Pillcam and connects to a small box that is worn in a pouch over the shoulder. It is important that the stomach is empty for this procedure so that the views are not obscured by food debris – this involves only taking clear fluids prior to the test and for four hours after the capsule has been swallowed. Having swallowed the video capsule you are free to leave the hospital and return to your daily routine.

After about 8 hours you will return to the hospital to have the belt and recorder removed and the film is then downloaded onto the computer to be read. You and your referring consultant should receive the report within three working days.

The Pillcam is not recommended during pregnancy and special precautions need to be taken if you have a cardiac pacemaker although this is rarely a problem. As the capsule cannot dissolve, any narrowing in the intestine may cause it to be held up. Capsule retention is uncommon and unlikely to cause any symptoms – the capsule may later pass by itself or with the help of medications and only occasionally does the narrowed area require an operation.

Dr Corbett would then like you to make a follow up appointment with the hospital to see him for the results. If there is anything that needs immediate attention, you will be contacted.