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What Is a Capsule Endoscopy?



A capsule endoscopy is a test that visualizes the lining of the small intestine (duodenum, jejunum & ileum) with the use of a wireless video capsule about the size of a large vitamin pill. The capsule is equipped with a video camera lens, a light (like a flash bulb) and a transmitter. The capsule is disposable and made of metal and plastic materials.

Is there preparation for the exam?

Before presenting for the test a patient is asked to fast and follow a few simple instructions for preparation. Only clear liquids are allowed the day before the test. The evening before the exam the patient is asked to take two Dulcolax tablets at 5 PM and one bottle of magnesium citrate at 7 PM. This will clear the small bowel and allow for better visualization.

What happens during the testing?

A belt to hold the lightweight receiver is adjusted to fit each patient comfortably. It is helpful if the patient wears a two-piece outfit that buttons in the front so that the technician can apply the equipment easily.

The capsule is swallowed with water just as you would swallow any capsule. Once the capsule is swallowed, the technician will check to see if the system is operating correctly. The patient can return to home or work and performs all their regular activities, although there are a few dietary restrictions during the day. The patient is not allowed to eat or drink anything for two hours after swallowing the capsule and then is allowed clear liquids only until noon, when they can have a light lunch.

While the capsule travels painlessly through the body it will take flash pictures and will transmit as many as 57,000 images at the rate of two images per second to a recorder worn on the belt. After eight hours, the patient will return to the office and the recorder and electrodes are removed.





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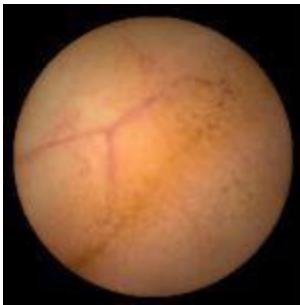
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What happens after the capsule endoscopy?

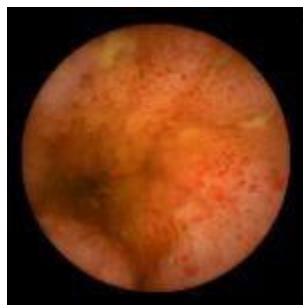
The images taken are downloaded into a computer and reviewed by a physician. The images are run closely together at a speed that allows them to look like a video. The physician can identify the various locations of the bowel, label individual images and create the report while watching the video.

In a few days the capsule will pass through the body and be eliminated through the rectum. Often it is mixed with stool and not seen by the patient. If it is noticed, the patient is asked to contact the office to report that the capsule has passed. If not a simple Xray of the abdomen a week after the test will confirm that the capsule is gone.

Normal small bowel



Crohn's Disease



Angiodysplasia



Ulcer in small bowel



What are the possible complications?

As with any exam, there are complications and limitations that may be associated with capsule endoscopy. Patients with dysphagia or difficulty swallowing are not good candidates for capsule endoscopy. Also, patients who have strictures in their bowel may have the capsule become lodged causing an obstruction requiring surgery. Other risks that are possible are heart stoppage and under very unusual circumstances death. There may also be certain risks and complications that are completely unforeseen and unpredictable therefore this list cannot be considered inclusive or complete.

What if the exam shows something abnormal?

Capsule endoscopy is currently the best exam available to examine the small bowel; however, no diagnostic exam is 100% accurate. Occasionally, polyps, cancers or other abnormalities may not be detected. It is very important to report any symptoms or problems and to follow up as planned with the physician. The capsule endoscopy procedure will not eliminate or treat any disease, cancer or abnormal condition; it is used for diagnostic purposes only.

It is important to understand that the use of capsule endoscopy is to diagnose conditions and diseases of the small intestine. This exam is not indicated or useful in diagnosing diseases and conditions of the stomach or the large intestine. This exam will not replace EGD, colonoscopy or other exams your physician may order.