Why is capsule endoscopy done?
Capsule endoscopy helps your doctor evaluate the small intestine (the duodenum, jejunum and ileum). Your doctor will give you a pill-sized video camera for you to swallow. 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 recording device that you wear on your body. After the test has completed, your doctor will review these pictures on a computer.

What happens during and after capsule endoscopy?
You will be able to drink clear liquids and take any necessary medications by mouth two hours after you swallow the capsule. You may eat a light meal four hours after capsule ingestion, unless your doctor instructs you otherwise. You will have to avoid vigorous physical activity such as running or jumping during the study. At the end of the procedure you will return to your doctor’s office and the data recorder will be removed so that images of your small intestine can be put on a computer screen for physician review. Be careful not to disconnect the system during the test, as this may result in loss of pictures.

What are the possible complications of capsule endoscopy?
Complications are uncommon. There is a potential for the capsule to become stuck at a narrowed spot (called a stricture) in the digestive tract and cause a bowel obstruction. This narrowing of the digestive tract can occur from inflammation, prior surgery or a tumor. It is important to recognize bowel obstruction early. Signs of obstruction include unusual bloating, abdominal pain, nausea or vomiting. You should call your doctor immediately if you have any such concerns or if you develop trouble swallowing or experience chest pain. If you do not see the capsule in the toilet within two weeks, contact your doctor. You may need an X-ray to confirm that the capsule is no longer in your body. Although rare, if the capsule is stuck in your digestive system, endoscopy or surgery may be needed to remove it.

What is capsule endoscopy?
Capsule Endoscopy lets your doctor examine the lining of the small intestine (the duodenum, jejunum and ileum). Your doctor will give you a pill-sized video camera for you to swallow. 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 recording device that you wear on your body. After the test has completed, your doctor will review these pictures on a computer.

How should I prepare for the procedure?
An empty small intestine allows for the best examination. Your doctor will tell you how to change your diet. This change may include a clear liquid diet the day before your procedure, and fasting on the day of your procedure. Your doctor may also ask you to do a bowel preparation/cleansing prior to the examination.

Tell your doctor in advance about any medications you take. You might need to adjust the dose and timing of your medications prior to the examination. Discuss any medical conditions such as swallowing disorders, previous abdominal surgery or radiation, history of bowel obstructions, inflammatory bowel disease or adhesions. Tell your doctor if you have a pacemaker or defibrillator.

What can I expect during capsule endoscopy?
At the time of the examination, a belt with sensors and a data recorder will be put on your abdomen. The capsule endoscope, which is swallowed, is about the size of a large pill. It passes naturally through your digestive tract while transmitting video images to the data recorder for about eight to twelve hours. Most patients consider the test comfortable. You should not schedule an MRI examination until after the capsule passes through a bowel movement.

Capsule endoscopy may also be called:
• capsule enteroscopy
• wireless capsule endoscopy
Normal daily activities are largely unaffected by capsule endoscopy, as it does not require sedation.

Capsule endoscopy allows for examination of the small intestine, which cannot be easily reached by traditional methods of endoscopy.

Important Reminder:
This information is intended only to provide general guidance. It does not provide definitive medical advice. It is very important that you consult your doctor about your specific condition.

Since its founding in 1941, ASGE has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. This information is the opinion of and provided by the American Society for Gastrointestinal Endoscopy.

Gastrointestinal endoscopy helps patients through screening, diagnosis and treatment of digestive diseases. Visit www.asge.org to learn how you can support GI endoscopic research, education and public outreach through a donation to the ASGE Foundation.

For more information, visit www.asge.org or www.screen4coloncancer.org