

CAPSULE ENDOSCOPY INFORMATION

Capsule enteroscopy involves swallowing a video capsule the size of a large antibiotic capsule to examine the small bowel. The procedure is commonly undertaken if your doctor suspects that you have inflammation, ulceration or other abnormalities of the small bowel. An alternative test to enteroscopy is a barium study of the small bowel or push enteroscopy. In some situations barium tests are more useful than enteroscopy, but for examination of the small bowel enteroscopy is usually more sensitive and specific than a barium test. The push enteroscopy does allow biopsies to be taken, but will only examine the first quarter of the small bowel. The capsule will usually examine the entire small bowel.

CAPSULE ENDOSCOPY PROCEDURE

WHAT PREPARATION IS REQUIRED?

It is essential that your stomach is empty during the procedure to ensure the doctor has a clear view. You should have **NIL BY MOUTH FROM 10 p.m.** (no food, fluids, water or smoking) for a morning procedure. You should take your normal medication with a sip of water. You should leave all valuables at home as the hospital cannot accept responsibility for items lost or stolen. For males shave the abdomen 6 inches above and below the navel.

WHAT HAPPENS WHEN I ARRIVE AT THE UNIT?

When you arrive at the Day Hospital, a nurse or one of the reception staff will meet you. You will be asked to take a seat in the waiting room. A nurse will take your medical details to ensure you are correctly and safely prepared. This time gives you an opportunity to ask any questions you may have regarding the procedure. You will have some wires attached to the abdomen with sticky pads and be asked to wear a belt. You will then be asked to swallow the capsule with a mouthful of water.

WILL I BE ASLEEP FOR THE PROCEDURE?

No sedation is required as the procedure is painless.

WHAT HAPPENS AFTER THE PROCEDURE?

Once you have swallowed the capsule you will remain nil by mouth for 2 hours. You will then be allowed to drink clear fluids such as water or cordial. Four (4) hours after swallowing the capsule you will be allowed to have a light lunch. You will be allowed home immediately after swallowing the capsule. You must return after 8 hours to have the belt removed and the images processed.

HOW DO I GET THE RESULTS?

The results take a few hours to process and approximately 2 hours to view. The report will be sent to the referring doctor and a copy retained in your hospital notes. Normally the referring doctor will discuss the results with you so you should make an appointment to see the referring doctor. The referring doctor may be your GP or a specialist.

WHAT ARE THE RISKS INVOLVED FROM A CAPSULE ENDOSCOPY?

Before you agree to this procedure you should be aware of the reason for which it is being proposed, the alternatives and the problems that can occur. No treatment or procedure is totally risk free, but routine capsule enteroscopy is extremely safe. The main complications following a capsule enteroscopy are mentioned below.

- There is a very small risk of the capsule getting stuck in the bowel if a narrowing is present (approximately 1 in 200). This is not always known before the procedure. If the capsule did get stuck you may require an operation.
- There is also a risk if the patient is unable to swallow the capsule or the capsule gets stuck in the oesophagus requiring endoscopic retrieval.

Adhere Patient Identification Label Here

Please read the information given thoroughly and bring this consent form with you when you arrive at the surgery unsigned and the doctor will witness your signature and answer any questions you may have.

I CONSENT TO HAVING CAPSULE ENDOSCOPY.

Capsule Endoscopy is a new endoscopic exam of the small intestine. It is not intended to examine the oesophagus, stomach, or colon. It does not replace upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination, such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery. This is a rare complication 1%, unless you are having the procedure for abdominal pain.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in a patient’s intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I understand that images and data obtained from my capsule Enteroscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

I understand the Commonwealth Department of Health has requested data regarding my Capsule Endoscopy, including previous clinical history, diagnosis, management and outcome is recorded and submitted to a National Data Registry. I authorise the doctor to submit my de-identified data to this Data Registry.

The procedure and its risks have been explained to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

I have read and understood this information and agree to undergo Capsule Enteroscopy.

Patient’s Signature

Print Name

Date

To the best of my knowledge, the patient has been adequately informed and has consented.

Doctor’s Signature

Doctor’s Name

Date

Capsule Endoscopy Consent Form