

Wireless Capsule Small Bowel Endoscopy

Wireless Capsule Endoscopy is now available through Brisbane Endoscopy Services at Sunnybank and shortly at Chermiside Day Hospital. It represents a major advance in non invasive imaging of the small bowel. Prior to this the only way to review the small bowel was with small x-rays, CT scanning, a push enteroscope or surgery.

This Capsule technology helps to evaluate the diseases of the small bowel and detects lesions that were previously unable to be accurately detected.

Clinical indications predominantly obscure gastro-intestinal bleeding or in special circumstances for evaluation of possible Crohn's disease.

Capsule Endoscopy finds a cause for obscure GI bleeding in approximately 60% of patients. It may also be useful in assessing complications of Coeliac disease and also for assessing significant polyps within the small bowel such as in Peutz-Jegher's syndrome.

The technique should only be performed after an upper endoscopy and colonoscopy have failed to detect a cause of GI bleeding.

If there is a potential for small bowel stenosis where the Capsule then can be impacted, this may require surgical removal although Capsules have stayed in the small bowel for a large number of months if not a year without any significant problems. If there is a concern with possible stenosis then that is a relative contra-indication to a Capsule Study and potentially a patency capsule may need to be performed prior to a full Capsule Study.

Technique

Patients have to fast overnight for this procedure. Often a purgative is used such as one litre of Glyco prep the night before. This helps improve the detection of lesions and improves full review of the small bowel. Patients then normally have Simethicone liquid and Maxolon tablet prior to ingestion of the Capsule. A recorder is then connected to the patient and the Capsule is passed through the small bowel over a period of approximately 7 – 8 hours. The patient then returns back to our Centre to have the equipment read. The Capsule normally then passes spontaneously through the colon.

As no sedation is used the patient can drive themselves for this procedure.

If there is a strong indication for GI bleeding then the patients can have an upper endoscopy and colonoscopy performed early in the morning and then proceed on the same day to a Capsule Study to exclude small intestinal pathology. This has to be arranged with the centre prior to these procedures.

If you have any concerns about this or questions about this procedure please feel free to contact Brisbane Endoscopy Services, Dr Rod Roberts or Dr Michael Miros.