



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Having a Colon Capsule Endoscopy

Information for patients, relatives and carers

① For more information, please contact:

Endoscopy Unit

York Hospital

Telephone: 01904 724527

The York Hospital, Wigginton Road, York, YO31 8HE

Or

Scarborough Hospital

Telephone: 01723 342905

Woodlands Drive, Scarborough, YO12 6QL

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Introduction

You have been advised to have a colon capsule endoscopy.

We have written this booklet to help answer some of the concerns you may have about the test. It may not answer all of your questions but if you have any worries please do not hesitate to ask. You can contact us on the telephone numbers on the front of this booklet.

The aims of this booklet are:

- to explain what happens on the day of your test
- to tell you what preparation is required
- to answer some of the questions you may have about the test

What is a colon capsule endoscopy?

Colon capsule endoscopy is a test which looks for abnormalities in the colon (large intestine). The colon is the last part of the gastrointestinal tract. It is usually examined using a flexible camera, but occasionally this is not possible.

Why do I need a capsule endoscopy?

A colon capsule endoscopy is most commonly performed when patients, for whatever reason, are unable or do not wish to undergo a colonoscopy to examine the colon. This test is an alternative to a colonoscopy (flexible camera)

How is the test done?

The capsule is the size of a large vitamin pill (32mm x 12mm). It contains two tiny video cameras on a silicone chip, which are powered by two tiny batteries and a wireless transmitter.



You will be asked to swallow the capsule after having a low residue fibre diet for five days and following a laxative regime. The laxative instructions are detailed later in this booklet. You will be asked to wear a sensor belt around your abdomen.

These will transmit the photographs the capsule is taking to a data recorder (pocket size computer) which you will carry in a shoulder bag. This is a lengthy procedure, and you will be required to wear the equipment for most of the day.

Once we know the capsule is in your stomach you will be given further medication to take home with you to ensure the **capsule moves smoothly through your digestive tract. You will need to fast for most of the day.**

Once the test is completed you will need to remove the equipment. This will be when the capsule has been passed out of your body during a bowel motion or the battery life has expired.

You will be required to return the equipment to the hospital either the same or following day at the time given to you at your appointment.

The images are then downloaded from the data recorder to a computer to create a video. The video can then be reviewed by the doctor or nurse.

Results are sent to the doctor / nurse specialist who referred you and to your GP. This usually takes between four and six weeks.

Preparation for the test

Bowel preparation and dietary preparation are essential for this type of examination. **It is very important you follow these instructions carefully and contact us if you have any questions.**

If you take any oral iron tablets (i.e., Ferrous Sulphate, Ferrous Gluconate, multivitamins containing iron) these must be stopped seven days before your procedure date.

What if I have diabetes?

We need to know if you have diabetes. If you have tablet or insulin treated diabetes we may need to give you additional advice about how to prepare for the procedure and how you take your medication. If you have not been given any specific diabetes information, please contact the numbers on the front of this leaflet for advice.

Low residue (fibre) diet

From five days before your procedure, you will be required to have a low residue (fibre) diet. This is because fibre in your diet takes a long time to be digested and can still be present in your bowel even after taking bowel preparation.

This table identifies which foods you may eat, and which should be avoided.

Foods to include :

Breads and Flours	White bread or rolls, English muffins, plain bagels, white flour, cornflour, e.g. in cakes, pastry Yorkshire puddings
Pasta and Rice	White pasta/noodles, white rice, cous cous
Cereals	Rice or corn-based cereals. E.g. Rice Krispies, Ricicles, Puffed Wheat, Coco Pops, Cornflakes, Crunchy Nut, Frosties, Special K
Nuts and Seeds	None
Biscuits and Snacks	White flour-based e.g. rich tea, custard creams, shortbread, white cream crackers, ginger nuts, Jaffa cakes, water biscuits, crumpets, bread muffins, plain/cheese scones, crisps, rice cakes, donuts

Dairy, Meat and Alternatives	All meat, poultry, fish, ham, bacon, meat sausages, eggs, cheese, Tofu
Fruit	Without skins/pips/seeds: Apple, apricot (not dried), banana, cherries, grapes, lychees, strawberries, pineapple, melon, tinned fruit except prunes, fruit juice (no pulp), clementine, nectarine, peach, plum.
Vegetables	Without skins/pips/seeds Potatoes, swede, turnip, marrow, courgette, cucumber, mushy peas, cauliflower florets, tomatoes, lettuce, radish, leeks, mushrooms, celery, peppers, watercress.
Other	Jam or marmalade without seeds, pips or rind. Tinned soups, smooth condiment sauces e.g. tomato ketchup, mayonnaise, mustard.

Foods to avoid:

Breads and Flours	Wholemeal, granary, rye, seeded, brown bread or rolls, wholemeal flour
Pasta and Rice	Wholemeal pasta, brown rice

Cereals	Wholegrain cereals. E.g. Weetabix, All Bran, Bran Flakes, Fruit & Fibre, Shreddies, Shredded Wheat, Muesli, Porridge, Ready Brek, bran
Nuts and Seeds	All nuts, seeds and foods containing them
Biscuits and Snacks	Wholemeal, oat-based or with added dried fruit, nuts or seeds e.g. cereal bars, bran biscuits, digestives, oatcakes, Hobnobs, flapjack, Ryvita, wholemeal cream crackers, teacakes, fruit scones
Dairy, Meat and Alternatives	Meat or fish dishes containing vegetables in 'avoid' list, Quorn
Fruit	All types of dried fruit, mango, kiwi, raspberries, avocado, gooseberries, figs, oranges, fruit smoothies
Vegetables	Beans & pulses e.g. peas, beans, baked beans, lentils, kidney beans, soya beans, chickpeas. Cabbage, sprouts, broccoli, sweetcorn, potatoes (with skins), onions, aubergine, mangetout
Other	Any foods containing ingredients listed above. E.g. homemade vegetable or packet soups, jam or marmalade with pips or rind, any food with dried fruit

Day before the procedure

The day before your procedure you will need to start the bowel preparation.

In the morning you may have your breakfast. Following this you may only have clear fluids until you are given further instructions at your appointment.

Examples of clear fluids include: water, black tea or black coffee, Original Lucozade, Bovril, oxo, jelly, dilute cordial (please avoid any red or blackcurrant flavours). If you are diabetic or require any further advice please contact us on the telephone number in the front of this booklet.

At 4.00pm follow the instructions of the oral bowel preparation given to you as part of your pre-assessment. You may mix your sachets with cordial if you require (avoiding red or blackcurrant). Loose bowel movements may occur any time after the first sachet. The remaining sachets will be taken on the morning of your procedure.

If you experience common side effects of taking bowel preparation, i.e., vomiting, bloating and stomach cramps, try drinking the bowel preparation more slowly.

Please note: we advise you to read the patient information leaflet enclosed in the bowel preparation packet along with this leaflet.

However, please follow the instructions in this booklet to prepare for the test, specifically dietary instructions and the timings of when to take the preparation.

It is important that you make sure that you are not allergic to any of the bowel preparation ingredients and that it does not react with any other medication you are taking. Please continue to drink only clear fluids until your admission.

Morning of your procedure

On the morning of your procedure, you need to take the remaining bowel preparation.

At between 5:30am and 6:00am please follow the instructions regarding your bowel preparation and drink over an hour. Please wear loose fitting clothing, preferably t-shirt and trousers or shorts, when attending for your test.

When you arrive at Endoscopy

Please go to the reception where you will be shown to your procedure room. A nurse will visit you for pre-assessment. This involves checking your pulse and blood pressure, checking you have prepared correctly and whether you have any allergies, before confirming

your arrangements for the day. You will also be asked to sign a consent form after we explain the procedure. Please feel free to ask questions or voice any worries you may have regarding your test.

Once your pre-assessment is completed, the relevant equipment will be applied, and you will be given the pill to swallow along with some medication to encourage your stomach to empty. You will be given medication, including a suppository, to take home with you to take throughout the day.

The equipment will alarm throughout the day, and this will help to notify you that you need to take some further medication. You will be provided with more detailed instructions of how to take these.

It is vital that you take these medications as instructed to ensure the capsule moves smoothly through your bowel.

Please continue on clear fluids only until instructed (this may be for most of the day). It is also important to remain as mobile as possible throughout the day to encourage progression of the capsule.

Once you have swallowed the capsule, you should observe your bowel motions to check if the capsule has passed. Once the capsule has passed or the battery life of the equipment has expired the test is completed and you may eat and drink as normal.

You must return the equipment to us on the date given to you; this will be either the same day or the following day.

Can there be complications or risks?

With this procedure there is a small risk that the test may need to be repeated. This is usually if the bowel is not clean enough, if the camera moves through the gastric tract too quickly or if there is an equipment fault. Should this be the case, we will contact you to re-book.

The only real risk of a pill camera investigation is the failure of the pill camera to pass through the small bowel. This is around one in 200 (1%) risk.

Experience elsewhere suggests, that when this happens, it does not pass through because of a narrowing in the small bowel, which tends to be the cause of the problem being investigated. This means that even though the pill camera has not passed, an answer has been found.

Furthermore, it rarely blocks the bowel completely. If there is any concern you may have a narrowed bowel we would perform a patency capsule test first. This is a dummy pill that is swallowed to check that the small bowel is not narrowed or obstructed. If you require a patency capsule, further information will have been given to you.

- ❖ MRI scanning is not permitted until the capsule has been excreted from the body.
- ❖ Please tell us if you are pregnant as the test should not be performed during pregnancy.
- ❖ If you have a cardiac pacemaker or internal electromedical device please let us know by contacting us on the telephone number on the front of this booklet.

What happens if the pill camera does not pass through?

If the pill camera reveals Crohn's disease, treatment with anti-inflammatory medications may allow the narrowed part of the bowel to heal so that the pill passes by itself. If the pill camera is at the extreme upper or lower end of the small bowel, it may be possible to retrieve it using an endoscope (gastroscope or colonoscope).

If either the small bowel or large bowel is severely ulcerated, scarred or blocked by a tumour, an operation might be needed, not only to remove the pill camera, but to treat the disease also.

Before the consent form

Before a doctor or healthcare professional examines or treats you, they will need to gain your consent. This will be required in writing. If you later change your mind, you are entitled to withdraw consent, even after signing. A copy of the consent form will be offered to you.

What should I know before deciding?

The health professional / doctor will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this information on the consent form as well as discussing choices of treatment with you. We encourage you to ask questions and inform us of any concerns that you may have. It may be helpful for you to write these down as a reminder.

What are the key things to remember?

The main thing to remember is that it is your decision. It is up to you to choose whether or not to consent to what is being proposed. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

Can I find out more about giving consent?

For further information on consent, you may wish to look at the NHS website as follows:
www.nhs.uk/conditions/Consent-to-treatment/Pages/Introduction.aspx

What happens after the test? How do I get my results?

The test is completed when the capsule has passed out of the body, or the battery expires. Results can take up to four to six weeks. This is because of the time it takes to look at the large number of images.

Results are sent to the doctor or specialist nurse who referred you and to your GP. If results are required urgently your doctor can contact us.

When can I get back to my normal activities?

You should be ready to get back to your normal activities immediately.

Is there anything I should look out for when I go home? If you have any problems when you go home, or are feeling worse than you expected, please contact the Capsule Endoscopy nurses on the telephone number on the front of this booklet.

Frequently asked questions and answers

If my symptoms have stopped before the capsule endoscopy, should I still come for the test? Yes, it is important that you still come for the test. Your doctor has organised this test to screen for any abnormalities.

Will it hurt? No, these examinations are not painful.

Can I drive home after the procedure if I choose?
Yes, there are no after effects from the test.

My Notes

Please use this space to make a note of any questions you have or to list any items you need to bring with you.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Endoscopy Sister Michelle Robinson, York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 724527 or Endoscopy Sister Bev Taylor, Scarborough Hospital, Woodlands Drive, Scarborough, YO12 6QL telephone 342905.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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