



Small Bowel Capsule Endoscopy

What you need to know before and after the test

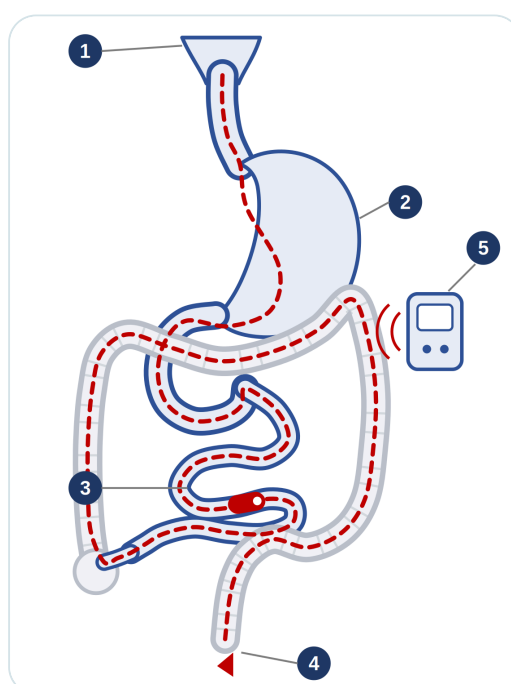
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Please read this sheet carefully before your appointment and bring it with you on the day. If anything is unclear, contact the Endoscopy Unit before your procedure rather than on the day.

What is a capsule endoscopy?

A capsule endoscopy uses a camera the size of a large tablet, which you swallow with water. As it travels through the digestive system it takes tens of thousands of pictures of the small bowel and sends them to a recorder worn on a belt around your waist. There is no tube and no sedation. The capsule is not retrieved: it passes out naturally with a bowel motion, usually within a day or two, and is not reused. It is the only comfortable way to see the whole small bowel, which is several metres long and out of reach of a gastroscopy or colonoscopy.



1 Capsule swallowed 2 Stomach 3 Small bowel – the part this test examines 4 Colon, where the capsule passes out naturally 5 Recorder worn on a belt

Why has it been recommended for me?

The commonest reasons are iron deficiency anaemia or bleeding when a gastroscopy and colonoscopy have not found the cause, and suspected or known Crohn's disease of the small bowel. It is also used in coeliac disease that is not responding to a gluten-free diet, and in inherited polyp conditions.

What it can and cannot do

The capsule takes pictures only. It cannot take biopsies, stop bleeding or remove anything, and it cannot be steered or held still. In patients investigated for small bowel bleeding it finds a likely cause in roughly 6 out of 10. In iron deficiency anaemia a lesion is found in about half, and one that explains the anaemia in about 4 out of 10. If something is found that needs a biopsy or treatment, a balloon enteroscopy is usually arranged afterwards. If the examination is complete and normal, most patients need no further small bowel test, although about 1 in 5 of those investigated for bleeding will bleed again and need review.

Before the test: is a patency capsule needed first?

If you have established Crohn's disease, symptoms suggesting a narrowing, previous bowel surgery, previous radiotherapy to the abdomen, or take anti-inflammatory painkillers regularly, you may first be given a patency capsule. This is a dummy capsule of the same size, made of material that breaks down by itself about 30 hours after you swallow it. If it passes whole, a real capsule can be given safely, and this lowers the chance of the capsule becoming stuck. Rarely the patency capsule itself causes cramping or obstructive symptoms – tell the endoscopy unit if that happens.

Preparing for the test

- Follow the diet and bowel preparation instructions given to you by the endoscopy staff. A clean small bowel is what makes the pictures readable.
- Do not eat or drink from midnight the night before, unless told otherwise.
- Iron tablets: stop 7 days before, as iron leaves a dark residue in the bowel that obscures the view.

- Blood thinners are usually continued, as no biopsies are taken. Do not stop any blood thinner unless we tell you to.
- Tell the unit in advance if you have a pacemaker or implanted defibrillator, any difficulty swallowing tablets, previous bowel surgery or radiotherapy, or if you are or might be pregnant – capsule endoscopy is not normally performed in pregnancy. If you have diabetes, tell the endoscopy unit as well, so your insulin or tablets can be adjusted around the fasting.
- Wear loose, two-piece clothing. The recorder is worn on a belt for about 8 to 12 hours.

On the day

The recorder is fitted and you swallow the capsule with water. You then leave the department and return later in the day to have the recorder removed – you do not stay in hospital. Do not eat or drink for 2 hours after swallowing the capsule. You may then take clear fluids, and a light meal after 4 hours. Avoid strenuous exercise and bending for long periods while the recorder is on, and do not disconnect it. If you have difficulty swallowing tablets, tell the endoscopy unit: the capsule can be placed directly into the stomach with a short endoscopy.

What are the risks?

Capsule endoscopy is the least invasive of the small bowel tests. There is no sedation, no tube and no risk of a tear from an instrument. The main risk is that the capsule does not pass through a narrowed segment.

Risk	How often it happens
The capsule does not pass (capsule retention)	About 1 to 2 in 100 examinations overall; about 2 in 100 if Crohn's disease is suspected, and about 5 in 100 – up to 8 in 100 in older reports – if you already have Crohn's disease. A patency capsule beforehand lowers this.

What happens if it does not pass	Most patients have no symptoms, and the capsule passes on its own or after treatment of the narrowing that held it up. If it does not, it can usually be retrieved at a balloon enteroscopy. About a third of retained capsules end in an operation – roughly 5 to 7 in every 1,000 examinations – and this is often done for the narrowing itself rather than for the capsule.
Blockage symptoms	Uncommon. If the capsule sticks it can cause abdominal pain, vomiting and a swollen abdomen, which need urgent assessment.
The capsule going into the airway instead of the food pipe	Rare – about 1 in 1,000, and almost always in older patients or those with difficulty swallowing. Tell the endoscopy unit beforehand if you have any trouble swallowing tablets, as the capsule can then be placed with a short endoscopy instead.
Incomplete examination	In about 1 in 10 outpatient examinations the battery runs out before the capsule reaches the large bowel, so part of the small bowel is not seen. It is commoner in inpatients and in older patients. The test may need repeating.
Poor views	If the bowel is not clean enough, small lesions can be missed and the test may have to be repeated. This is why the preparation matters.

Are there alternatives?

CT or MR enterography shows the bowel wall and the tissues around it and is better at finding narrowings, but it does not show the lining in detail. Balloon enteroscopy examines the lining and can take biopsies and treat what it finds, but it is invasive, takes 60 to 90 minutes and needs deep sedation. In practice these tests complement each other, and the capsule is usually done first.

After the test

Return as instructed to have the recorder removed, then eat and drink normally. Check your bowel motions until you see the capsule. Most pass within a day or two,

but up to two weeks is not in itself abnormal. Until you are sure it has passed, do not have an MRI scan; if you are unsure, contact the endoscopy unit and a plain X-ray will confirm. If you have not seen it within two weeks, contact the unit. The recording contains many thousands of images and takes time to review; the results are discussed with you in clinic.

When to get urgent help

Go to the nearest emergency department if, at any time after swallowing the capsule, you develop:

- abdominal pain that is severe or getting worse, or a swollen abdomen
- repeated vomiting, or being unable to keep fluids down
- being unable to open your bowels or pass wind
- sudden coughing, choking or breathlessness after swallowing the capsule

Tell the staff that you have swallowed a capsule camera and show them this sheet.

Contact

For appointments and questions, contact the endoscopy unit using the numbers it has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply.

Based on ESGE small bowel endoscopy guidance and performance measures, ASGE technology assessment, and published retention and yield data. Supports but does not replace the discussion with your doctor and the consent process. PE-PROC-05 · v1.0 · October 2026 · Review: October 2028

This leaflet is general information and does not replace advice from your own doctor.

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