CAPSULE ENDOSCOPY

REFERRAL PROCESS & GUIDELINE

ALBERTA HEALTH SERVICES

SOUTH HEALTH CAMPUS

REVISED: FEBRUARY 2018

SOUTH HEALTH CAMPUS CAPSULE ENDOSCOPY

LOCATION

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SMALL BOWEL CAPSULE ENDOSCOPY

Small bowel capsule endoscopy is a non-invasive procedure that allows direct visualization of the small intestinal mucosa.

Current indications for capsule endoscopy include obscure gastrointestinal bleeding, Crohn's Disease, refractory Celiac Disease, polyposis and abnormal small bowel imaging.

Alternatives to capsule endoscopy include double-balloon enteroscopy, push enteroscopy, contrast-enhanced small bowel ultrasound, RBC nuclear scans, Meckel's scans and CT Angiography.

Risks associated with capsule endoscopy include capsule retention, missed lesions, risks associated with bowel preparation, aspiration of the capsule, and equipment failure.

Contraindications to capsule endoscopy include implantable cardiac devices, pregnancy, dysphagia, known strictures and age less than 2 years.

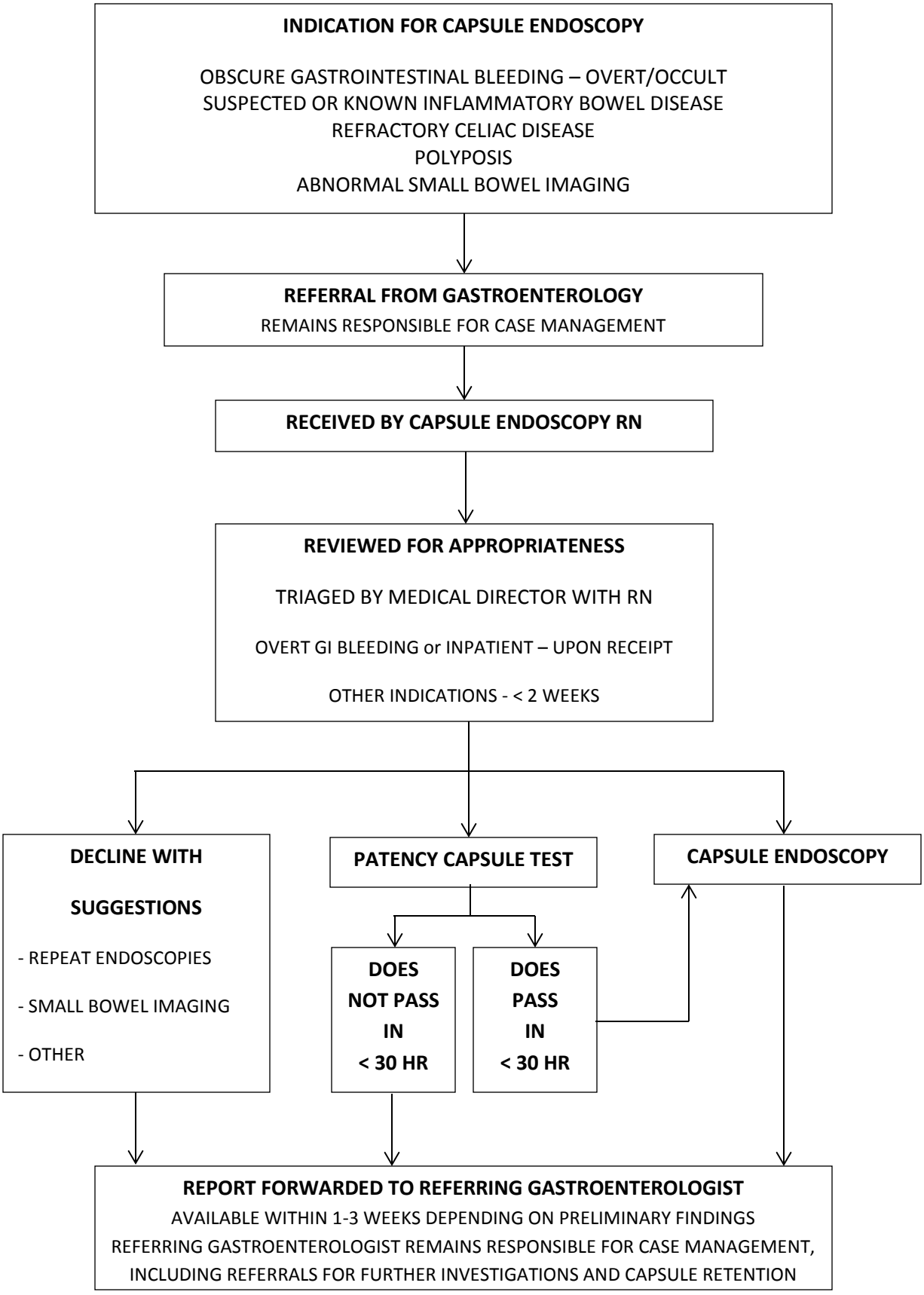
In patients with known or suspected strictures, a patency capsule test may be required prior to capsule endoscopy. During this test, a dissolvable pill is swallowed to determine GI tract patency prior to capsule endoscopy.

A bowel preparation is required prior to capsule endoscopy. Patients must hold oral iron supplementation for 5 days prior to the test. A clear fluid diet, excluding red colored liquids, is initiated 24 hours prior to the test. At 1600 hr on the day before the test the patient is instructed to drink 2L of prepared PEG laxative (Colyte®). The patient must remain NPO after midnight on the evening before the test. All oral medications should be held 4 hours prior to the test. Simethicone 160 mg po is administered 20 minutes prior to capsule ingestion.

A sensor belt or array is applied to the abdomen. This sensor is connected to a small recorder which is carried in a pouch around the patient's shoulder. The patient is then asked to swallow the pill-sized camera with water. The patient is discharged home wearing the equipment for 12 hours. The equipment must be returned to the clinic by the morning after the exam, however the camera can be safely flushed away once it is excreted, usually within 1-2 days.

Upon receipt of the recorder to the clinic, the images are downloaded onto a computer. A nurse reviews the images within 1-2 days to screen for urgent findings. A physician trained in capsule endoscopy then reviews the images and completes a report. Reports will be available within 1 week for urgent findings, 2 weeks for moderate findings and 3 weeks for routine or normal findings. Reports are sent directly to the referring physician and family physician and are also available in Netcare and Endopro IQ.

CAPSULE ENDOSCOPY TRIAGE AND REFERRAL PROCESS



GUIDELINES FOR REFERRAL TO CAPSULE ENDOSCOPY

OBSCURE OVERT GASTROINTESTINAL BLEEDING

□ High-quality EGD & Colonoscopy are negative for source of bleeding
□ Consider small bowel cross-sectional imaging, particularly if there's a concern for small bowel mass
□ Consider Push Enteroscopy, RBC Nuclear Scan, Meckel's Scan, CT Angiography with embolization in actively bleeding patients

OBSCURE OCCULT GASTROINTESTINAL BLEEDING/IRON DEFICIENCY ANEMIA

□ Iron Deficiency Anemia is recurrent or persistent despite iron supplementation
□ High-quality EGD & Colonoscopy are negative for source of IDA within 2 years
□ Celiac Serology or duodenal biopsies are negative for Celiac Disease
□ Urea Breath Test or gastric biopsies are negative for Helicobacter Pylori

SUSPECTED OR KNOWN INFLAMMATORY BOWEL DISEASE

□ Objective clinical features consistent with Crohn's Disease are present
(i.e. elevated CRP, + ASCA, + cross-sectional imaging, iron/nutrient deficiency)
□ High-quality ileocolonoscopy is negative
□ If not already complete, cross-sectional small bowel imaging such as an MR enterography or CT enterography is preferred prior to capsule endoscopy to rule out strictures. Patency capsule test may be required if this has not been done recently.

REFRACTORY CELIAC DISEASE

□ Proven Celiac Disease
□ Unexplained symptoms despite treatment with gluten-free diet for 6 months
□ High-quality EGD with normal histology completed within 6 months
□ tTG is negative

POLYPOSIS

□ FAP & Hamartomatous Polyposis Syndromes
□ Recommended every 1-3 years for surveillance

ABNORMAL SMALL BOWEL IMAGING

□ Consider if referral for double balloon enteroscopy or surgery is more appropriate.

REFERENCES

Enns, R.A., Hookey, L., Armstrong, D., Bernstein, C.N., Heitman, S. J., Teshima, C., …Sadowski, D. (2017). Clinical practice guidelines for the use of video capsule endoscopy. *Gastroenterology, 152,* 497-514.