

Dr. Rela Institute & Medical Centre is a multi-specialty quaternary care hospital located in Chennai, India.

The Institute is within the campus of Sree Balaji Medical College and Hospital, which is spread across 36 acres. It has 14 operating theatres with 450 beds, inclusive of 150 critical care beds.

The Institute is conveniently located 10 minutes from the Domestic and International Airport.

The hospital is designed to provide highly specialized care in various departments with a focus on multi-organ transplantation. Prof. Mohammed Rela, a world renowned surgeon in the field of Liver surgery and transplantation is the Chairman and Managing Director of the Institute.

In addition to quaternary & quality care, is also committed to provide day to day primary and secondary care to the local population, with facilities of international standards.

The Institute would provide comprehensive support to international patients travelling for medical treatment such as language assistance, stay, visa and travel.

24 Hr Emergency ☎ **044-6666 7788**



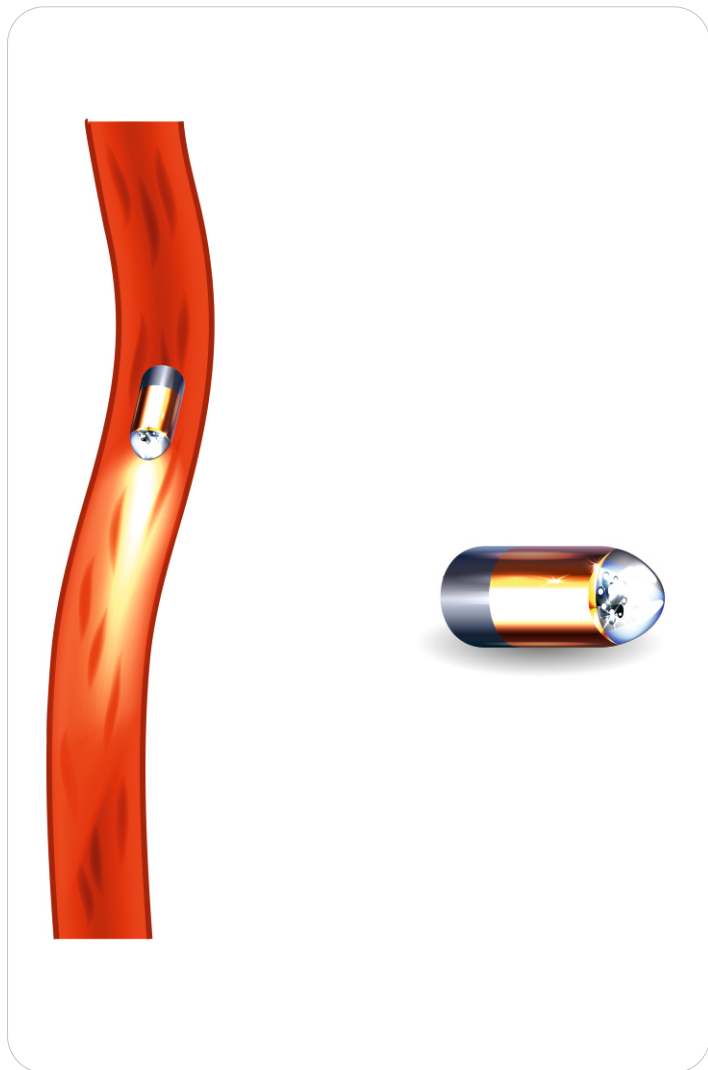
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Department of
Gastroenterology

Capsule Endoscopy

Capsule Endoscopy

1 What is capsule endoscopy?

Capsule endoscopy is also known as pill-camera or wireless endoscopy. Capsule endoscopy is used mainly to pinpoint bleeding in hidden areas in the small bowel. It is more sensitive than many other techniques. Capsule endoscopy discovers a source of bleeding in approximately 60 – 70% of patients. It is also useful for tracking small bowel tumours and obscure abdominal pain. Capsule endoscopy uses a 10 – 27mm capsule, which contains a tiny camera, batteries, light source and transmitter. After swallowing, the capsule travels like a piece of food through the gastrointestinal system. It provides high-resolution images of the stomach and small intestine, taking two pictures every second for up to 11 hours, providing about 60,000 pictures in total. Recording probes, taped on the abdomen, track the progress of the capsule. The images obtained by the capsule are transmitted to a data-recorder worn in a harness around the waist.

2 What do I need to do to prepare for the capsule?

You should fast (no food or drinks) for 8 hours before undergoing capsule endoscopy. Diabetics should withhold their diabetic medication during the fasting period. If you take insulin, this should be discussed with your doctor. Often, bowel preparation is required for capsule endoscopy; however, your doctor may suggest that only a fluid meal is taken the night before the procedure. No special diet is required but strongly coloured foods and iron tablets should be avoided for 24 hours before the examination.

3 What happens during the procedure?

On the day of the procedure, a harness, holding the data recorder, is worn for 8 hours after the capsule is swallowed. Gentle activity is encouraged while wearing the harness as this will aid the progress of the capsule. No fluids should be taken for 2 hours after the capsule is swallowed and solid food is not permitted to be eaten for 4 hours afterwards. Do not swallow

chewing gum during the examination. A glass of water is permitted when swallowing the capsule and a substance called “simethicone” is often added to this to prevent “bubbles” which can interfere with the picture transmitted by the capsule.

4 What happens after the procedure?

Eight hours after the capsule is swallowed, the patient returns to have the belt and leads removed. The information from the data-recorder is downloaded on a computer and the images are composed into a video to be examined by the doctor. The capsule is single use only and does not need to be retrieved. The capsule passes naturally in a stool within 1–3 days. Most patients are not aware it has passed. The capsule doesn't need to be retrieved and can be safely flushed down the toilet.

5 Are there any risks?

Capsule endoscopy is a very safe procedure. Complications of capsule endoscopy are very infrequent. The capsule has a gel coating which makes it easy to swallow. Less than 1 patient in 100 has difficulty swallowing the capsule. Abdominal pain or nausea after swallowing the capsule is extremely rare and should be reported immediately.

Approximately 1 in 100 patients retain the capsule in the bowel. This may occur if the bowel is narrowed or has some other unusual anatomy. Usually the capsule will eventually pass. On rare occasions it will need to be removed endoscopically or surgically.

The obstructing lesion can be corrected at the same time. On the day of the test, approximately 1 in 10 patients may have a slow small bowel transit and the capsule may not be seen to reach the large bowel on the capsule endoscopy recording. An abdominal X-ray will then be arranged to check that the capsule has passed out of the bowel. Patients wearing the harness and data recorder are advised to stay away from large radio transmitters e.g. TV transmission towers) and are advised not to visit airports and major shopping centres where the harness could trigger security screening equipment.