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CAPSULE ENDOSCOPY – CONSENT

The capsule endoscopy is a procedure designed to visualise the inside of the small intestine. It is usually indicated for patients with iron deficiency anaemia in whom the gastroscopy and colonoscopy did not identify a cause in the stomach and large bowel respectively. The capsule endoscopy looks for sources of bleeding in the small intestine that may contribute to iron deficiency anaemia. The test is very safe. It does not involve any sedation or needles.

Complications of capsule endoscopy are very uncommon. The most common complication is capsule retention, where the capsule “gets stuck” inside the intestines. This may occur in 1/300 cases, and usually occurs at a site where a lesion is located. It is not dangerous for the capsule to sit inside the body for several months. Sometimes if the capsule does not pass spontaneously it may need to be removed via an endoscopy procedure or an operation.

It is possible that very rare complications may occur that can not be anticipated. It is also possible for the capsule to miss lesions due to inadequate view or due to an incomplete study. Very occasionally a procedure will need to be repeated.

Reasons why it may be unsafe or unwise to proceed with a capsule endoscopy include:

- If you have an MRI scheduled soon, you may wish to defer the capsule endoscopy. You must not undergo an MRI scan until the capsule has been passed.
- If you have small intestinal strictures (e.g. Crohn's disease or prior intestinal surgery)
- If you are pregnant, please discuss with me before proceeding
- If you are travelling soon, the airline security will pick up the capsule if it has not yet passed.

At the time of ingestion of the capsule, you may also be given simethicone (anti-foaming agent) and one tablet of metoclopramide (Maxolon). Please inform us if you are intolerant or allergic to these agents.

I _____ have read and understood the above advice, and received satisfactory answers to my questions about the procedure. I consent to capsule endoscopy and any associated procedure necessary. I agree to the release of this report to medical personnel involved in my care for the purpose of my treatment. Please circle:

do / do not have an MRI scheduled

do / do not have a pacemaker / defibrillator / implanted cardiac device in situ

Signature:		Date:	
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For Doctor: I have asked the patient whether they understood the consent form and have any questions or concerns about the procedure or the consent form, and have answered these fully.

Signature:		Date:	
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