

EXAMINATION VIA VIDEO CAPSULE (CAPSULE ENDOSCOPY) UNTERSUCHUNG MIT EINER VIDEOKAPSEL (KAPSELENDOSKOPIE)

Information and medical history for adults and young patients for preparation of an informative interview with the doctor

☐ Clinic / Doctor: [Klinik / Praxis]



☐ Patient data: [Patientendaten:]

englisch

☐ Procedure scheduled to take place on (date): [Der Eingriff ist vorgesehen am (Datum):]

Dear patient,

In order to determine the cause of your symptoms, an examination of your digestive tract via a video capsule is planned. Any alterations such as inflammations, sources of bleeding, polyps or tumours can thus be detected early on.

The following text is intended to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled procedure compared with alternative methods available, and inform you of any risks specific to your case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the examination suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

EXAMINATION METHOD UNTERSUCHUNGSMETHODE

In capsule endoscopy, a miniature camera located inside a swallowable 20-millimetre capsule is used. The capsule travels through the digestive tract, taking pictures of the mucous membrane on its way. The images are immediately transmitted to a receiver attached to the outside of your body. While the capsule travels through your stomach and bowels over the course of 8 hours, 50,000 images are taken, which can then be analysed by the doctor on a computer.

Capsule endoscopy is particularly useful for examining the small intestine since it is difficult to reach with an endoscope in the course of a regular colonoscopy. Capsule endoscopy is also a useful alternative to regular endoscopy for examining the large intestine or the oesophagus in particular situations.

COURSE OF EXAMINATION ABLAUF DER UNTERSUCHUNG

The capsule containing the camera can be swallowed like a pill with some water. The receiver probes are connected to the body with adhesive tape and the receiver is attached to the body with a belt. You can move around freely during the examination. Each capsule is used only once. It moves through the digestive tract naturally and will then be discharged through defecation in the end.

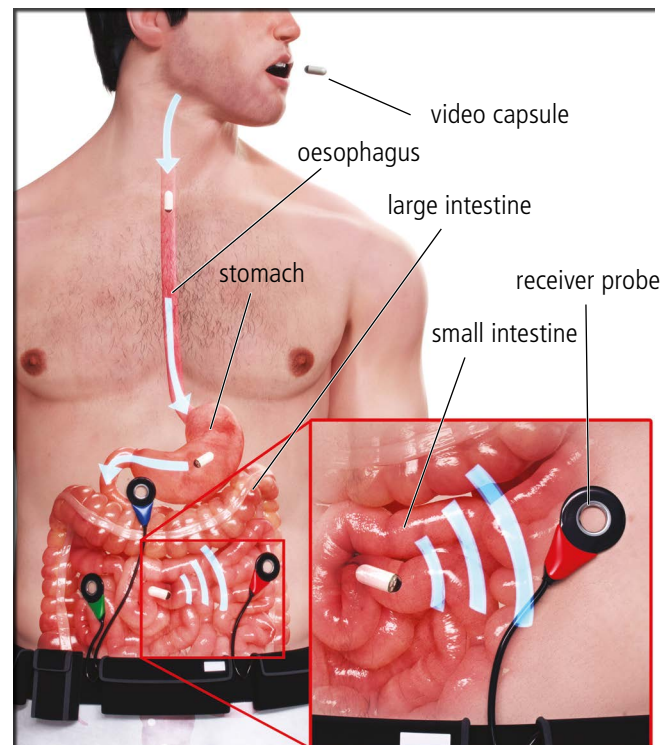
☐ Capsule endoscopy of the small intestine Dünndarm-Kapselendoskopie

On the eve of the examination, a fluid to purge your bowels will most often have to be imbibed. You may then not eat anything until the examination. Two hours after the capsule has been swallowed, you may drink clear fluids again; after four hours, a small meal can usually be eaten.

☐ Capsule endoscopy of the large intestine Dickdarm-Kapselendoskopie

If the large intestine is to be examined via a video capsule, purging the bowels completely by drinking a laxative will be necessary, just as it is with a regular colonoscopy procedure.

This must be done on the day before the examination. While the capsule is passing through the body, the patient is required to drink a special fluid one or two times in order for the capsule to reach the large intestine faster.



ALTERNATIVE METHODS ALTERNATIV-VERFAHREN

An examination from the outside, such as ultrasound, X-ray, CT or MRI or virtual endoscopy, can prove useful in discovering many pathological changes. Particular types of illnesses, however, such as inflammation or bleeding, can only be detected for certain by examining the mucous membrane with a camera.

The bowels and the oesophagus can also be examined with regular endoscopy for this purpose. However, only a small section of the small intestine can be reached with an endoscope via the stomach or the large intestine. In addition, endoscopy examination of the small intestine can be time-consuming, posing a severe strain on the patient.

Your doctor will explain to you why he would recommend capsule endoscopy in your particular case.

PROSPECTS OF SUCCESS ERFOLGSAUSSICHTEN

The examination poses hardly any strain on the patient. In most cases, a precise diagnosis can be achieved through analysing the sequence of images. If the passage through the stomach and the bowels is slowed, if there are constricted areas in the digestive tract or if technical problems occur, the examination may not provide images of the entire small or large intestine or pathological alterations may be overlooked. This may lead to the examination having to be repeated or to another examination method having to be used.

ADDITIONAL MEASURES ERWEITERUNGSMASSNAHMEN

In patients who are suspected to be suffering from small bowel obstruction, a previous examination with a test capsule may have to be undertaken. This capsule is identical to the camera capsule in shape and size, but dissolves after two to three days should it get stuck on its way.

Some patients who are suffering from a swallowing disorder may not be able to swallow the capsule. The capsule can then be inserted in the course of a gastroscopy.

In order to improve visibility inside the small intestine, medication which creates a lather may have to be administered.

DIRECTIONS FOR PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please follow the instructions of the doctor and of the nursing personnel closely. Unless specifically instructed otherwise, please adhere to the following guidelines:

Preparation:

Please inform your doctor if you are suffering from **swallowing disorders** or **constricted areas in your digestive tract**, if you are **pregnant** or if an **MRI** has been scheduled for you in the coming days. In those cases, the examination cannot be carried out or will have to be carried out some other time.

In order for **capsule endoscopy of the small intestine** to be carried out successfully, the intestine has to be empty. You will usually be required to drink a special solution on the eve of the examination to purge your bowels. Additionally, you may not eat or drink anything for 10-12 hours prior to the examination and must refrain from smoking. Small amounts of water up until one hour prior to the procedure are allowed.

In order for **capsule endoscopy of the large intestine** to be carried out successfully, the intestine has to be cleansed. You will be required to drink a strong laxative as well as two to three litres of a special rinsing solution for this purpose. Your doctor will provide you with specific instructions regarding the purging of your bowels. Laxatives can influence the effectiveness of other medication and also of birth control pills. Therefore, you will have to use additional contraceptive methods until your next menstrual cycle starts.

Please refrain from eating any foods containing seeds or grains as early as two to three days prior to the capsule endoscopy procedure.

Medication: Please inform your doctor of any medication you take or inject. Your doctor will let you know if and for how long

you should stop taking your medication, or whether you need to adjust the dosage.

Aftercare:

After you have swallowed the video capsule, **you may not drink anything for two hours** if a capsule endoscopy of the small intestine is being carried out in your case. After that period of time, clear fluids are allowed. After four hours, you may eat a small meal.

Please inform your doctor should you experience **abdominal pain** or **nausea**. They may occur even days after the procedure.

The capsule is usually discharged through defecation after a few days. If possible, please return the capsule to your doctor for proper disposal. If you do not discover the capsule, your doctor will check with ultrasound after a few days to make sure it has been discharged.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that **any medical procedure**, even a routine procedure such as capsule endoscopy, is **accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

If there is a constriction in your digestive tract, the **capsule may get stuck**. Laxative methods can then be used to try and promote the discharge of the capsule. If this is not successful or if an **obstruction of the bowels** occurs, the capsule will have to be removed via an endoscope through the mouth or anus in a surgical procedure.

Allergic reactions, for instance to medication, latex or the adhesive tape used to attach the receiver probes to your skin, can lead to skin rash, itching, swelling, nausea and coughing. Severe reactions such as shortness of breath, spasms, tachycardia or **life-threatening circulatory shock** are rare. They may then result in permanent organ damage, such as brain damage, paralysis or kidney failure requiring dialyses.

On rare occasions, the capsule will **enter the windpipe** when swallowed, causing **acute shortness of breath**. In this event, the doctor will immediately intervene to clear the airways. In extreme cases, however, a lack of oxygen supply to the brain may occur, causing permanent damage.

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?

If so, which ones? _____

Wenn ja, welche?

Do you take any other medications? yes no

Werden andere Medikamente eingenommen?

If so, which ones: _____

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)
(Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you ever had surgery on the gastrointestinal tract? yes no

Wurden Sie schon einmal am Magen-Darm-Trakt operiert?

Have you ever had a stomach endoscopy or a colonoscopy? yes no

Wurde bei Ihnen schon einmal eine Magen- oder Darmspiegelung durchgeführt?

Where there any complications? yes no

Ergaben sich dabei Komplikationen?

If so, what complications? _____

Wenn ja, welche?

Have you ever had radiation therapy in the gastrointestinal tract? yes no

Wurden Sie schon einmal im Magen-Darm-Bereich bestrahlt?

Do you have a pacemaker or a defibrillator? yes no

Haben Sie einen Herzschrittmacher oder Defibrillator?

Are you pregnant? not certain yes no

Sind Sie schwanger?

nicht sicher

Do you have or have you ever had any of the following diseases or symptoms thereof?

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons) pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: _____

Sonstiges:

Diseases of the oesophagus? yes no

Swallowing symptoms, Varices of the oesophagus, Outpouchings of the oesophagus.

Erkrankungen der Speiseröhre? Schluckbeschwerden, Krampfaderen der Speiseröhre, Aussackungen der Speiseröhre.

Any other: _____

Sonstiges:

Gastrointestinal diseases? yes no

Stomach ulcer, Heartburn Stricture in digestive tract.

Magen-Darm-Erkrankungen? Magengeschwür, Sodbrennen Engstelle im Verdauungstrakt.

Any other: _____

Sonstiges:

(If certain answers are preselected, please correct them if anything has changed.)

