



Capsule endoscopy

Overview

Capsule endoscopy is a procedure that uses a tiny wireless camera to take pictures of the organs in the body that food and liquids travel through. This is called the digestive tract. A capsule endoscopy camera sits inside a vitamin-sized capsule. After it's swallowed, the capsule travels through the digestive tract. The camera takes thousands of pictures that are sent to a recorder worn on a belt around the waist.

Capsule endoscopy shows inside the small intestine. This area isn't easily reached with other endoscopy procedures. Typical endoscopy involves passing a long, flexible tube equipped with a video camera down the throat or through the rectum.

Why it's done

A health care professional might suggest a capsule endoscopy procedure to:

- **Find the cause of bleeding in the small intestine.** This is the most common reason for doing capsule endoscopy.
- **Diagnose inflammatory bowel diseases.** Capsule endoscopy can find the irritated and inflamed areas in the small intestine in diseases such as Crohn's disease or ulcerative colitis.
- **Diagnose cancer.** Capsule endoscopy can show tumors in the small intestine or other parts of the digestive tract.
- **Diagnose celiac disease.** Capsule endoscopy is sometimes used in diagnosing and watching this immune reaction to eating gluten.
- **Look at the esophagus.** Capsule endoscopy can review the muscular tube that connects the mouth and the stomach, called the esophagus. This is to look for veins that have gotten larger, called varices.
- **Screen for polyps.** Certain syndromes that run in families can cause polyps in the small intestine. A capsule endoscopy can check for these polyps.
- **Do follow-up testing after X-rays or other imaging tests.** If the results of an imaging test are unclear, a capsule endoscopy might get more information.

Risks

Capsule endoscopy is a safe procedure that has few risks. However, a capsule can get stuck in the digestive tract rather than leaving the body in a bowel movement in a few days.

The risk is small. But it might be higher in people who have a condition that causes a narrow area, called a stricture, in the digestive tract. These conditions include a tumor, Crohn's disease or having had surgery in the area.

If you have belly pain or are at risk of a narrow area in your intestine, you might need a **CT** scan to look for the narrow area before using capsule endoscopy. Even if the **CT** scan shows no narrow area, there's still a small chance that the capsule could get stuck.

If the capsule hasn't passed in a bowel movement but isn't causing symptoms, your health care professional might give the capsule more time to leave your body. However, if a capsule causes symptoms, that might mean it's blocking the bowel. Then surgery or a regular endoscopy procedure can remove it, depending on where it's stuck.

How you prepare

Before your capsule endoscopy, a member of your health care team will give you steps to take to get ready. Be sure to follow the steps. If you don't prepare as told, the capsule endoscopy might have to be done at another time.

Food and medicines

To help the camera get clear images of your digestive tract, you'll be asked to stop eating and drinking at least 12 hours before the procedure. You might be asked to take a laxative before your capsule endoscopy to clean out your small intestine. This can improve the pictures the capsule's camera takes.

You also might be asked not to take certain medicines before the procedure.

Other precautions

Most often, you can go about your day after you swallow the camera capsule. But you'll likely be asked not to do hard exercise or heavy lifting. If you have an active job, ask a member of your health care team whether you can go back to work on the day of your capsule endoscopy.

What you can expect

Before the procedure

On the day of your capsule endoscopy, your health care team will go over the procedure with you. You might be asked to remove your shirt so the sticky patches can be put on your belly. Each patch has wires that connect to a recorder. Some devices don't use the patches.

You wear the recorder on a special belt around your waist. The camera sends images to the patches on your belly. The patches feed the data to the recorder. The recorder collects and stores the images.

During the procedure

Once the recorder is connected and ready, you swallow the camera capsule with water. A slippery coating makes it easier to swallow. Once you swallow it, you shouldn't be able to feel it.

You then go about your day. You can drive. You might be able to go to work, depending on your job. A member of your health care team can tell you what you should not do. This might include hard activity, such as running and jumping.

After the procedure

Wait two hours after you swallow the capsule to start drinking clear liquids. After four hours, you can have a light lunch or a snack unless you're told not to.

The capsule endoscopy procedure is complete after eight hours or when you see the camera capsule in the toilet after a bowel movement, whichever comes first. Remove the patches and the recorder from your body, pack them in a bag and follow the steps you were given for returning the device. You can flush the camera capsule down the toilet.

Once the procedure is over, your body might rid itself of the camera capsule within hours or after several days. Each person's digestive system is different. If you don't see the capsule in the toilet within two weeks, contact a member of your health care team. You might need an X-ray to see if the capsule is still in your body.

Results

The camera used in capsule endoscopy takes thousands of color photos as it passes through the digestive tract. The images are sent to a computer with special software. The computer then puts the images together to make a video. A member of your health care team watches the video to look for unusual areas within your digestive tract.

It might take a few days to a week or longer to get the results of your capsule endoscopy. A member of your health care team shares the results with you.

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