



Looking at the small bowel

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Why look further?

Most of the small bowel is beyond routine gastroscopy and colonoscopy. I consider further tests for unexplained bleeding, persistent or recurrent iron deficiency anaemia, or suspected small-bowel disease. Pain or bloating alone does not by itself need a capsule. Tumours of the small bowel are uncommon; when people say 'bowel cancer', they are usually referring to colorectal cancer, while stomach and oesophageal cancers are discussed separately.

Capsule camera

A swallowed camera travels naturally and photographs the lining. It cannot take biopsies or treat a finding. Views can be incomplete. The capsule normally passes in your poo. It does not replace a recommended colonoscopy.

Scans and enteroscopy

CT or MR enterography assesses the bowel wall, narrowing and surrounding tissues. CT uses X-rays; MRI does not. Specialist enteroscopy can take biopsies or treat selected findings. These tests are options, not a fixed sequence. I may recommend one or more depending on your symptoms and earlier results.

Before your test

Disclose narrowing, blockage, surgery, Crohn's disease, swallowing problems and implants. Suspected blockage or known narrowing needs imaging first. Established Crohn's usually needs a dissolvable patency capsule before a camera capsule. Follow preparation instructions. Documented blood-thinner advice should say whether each is continued or withheld, and when to restart if withheld. If unsure, call our endoscopy team before changing a dose. Small-bowel capsule preparation often uses about 2 litres of a PEG bowel-cleansing drink, with food and fluid instructions from the testing service. This is usually less preparation solution than a standard 3 to 4 litre Glycoprep colonoscopy course; lower-volume colonoscopy products differ and still need additional clear fluids.

After a capsule

Your results and follow-up are documented in the report or results letter.

Get help promptly

Severe or worsening abdominal pain, repeated vomiting, a swollen abdomen or inability to pass wind or poo after a capsule need urgent assessment. Tell the clinician about the capsule. Heavy bleeding or black tarry stools with faintness also need urgent assessment. Call 111 if you collapse or are too unwell to travel safely.





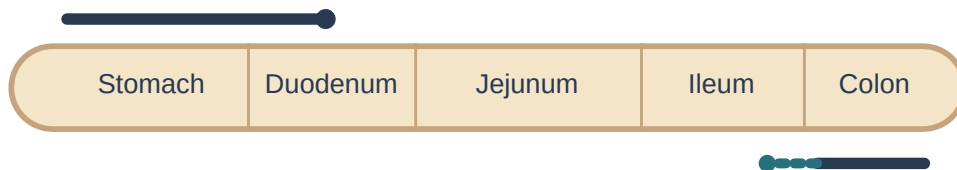
Different questions need different views

What do routine scopes see?

Two routine examinations, with a gap between
Uncoiled route for explanation. Not body position or relative length.

Gastroscopy

Stomach and first part of the duodenum



Colonoscopy

Colon, and sometimes a short end section
of the ileum (dotted segment, when needed)

Most of the small bowel needs a different test.

A normal gastroscopy and colonoscopy do not mean
that every part of the small bowel has been examined.

Gastroscopy examines the stomach and first part of the duodenum. Colonoscopy examines the large bowel and may include a short section of the terminal ileum when needed. Most of the small bowel lies beyond these routine views.

Read this illustration alongside the advice in this guide.

