

**INFORMATION FOR REFERRING HEALTHCARE PROVIDERS**

**OBSCURE GI BLEEDING** is the only indication covered by OHIP for the capsule endoscopy.

The following documents **MUST** be attached to the referral:

- ✓ Negative gastroscopy
- ✓ Negative colonoscopy
- ✓ Negative small bowel imaging (either small bowel follow through or CT enterography)

**SUPPORTING DOCUMENTS MUST BE ATTACHED TO THE REFERRAL, OR YOUR REFERRAL WILL BE DECLINED.**

The patient should have documented melena, hematochezia, recurrent iron deficiency anemia after a course of iron therapy, or persistent iron deficiency anemia despite a course of iron therapy. Oral iron supplements must be held for 5 days before the test to ensure clear resolution of images and videos.

**ABOUT THE CAPSULE ENDOSCOPY**

The capsule endoscopy is a safe and non-invasive test that captures a detailed examination of the small bowel. The study is performed over 12 hours as the capsule travels through the GI tract, acquiring 50,000 endoscopic images through a sensor array and data recorder worn by the patient throughout the study period. The capsule measures 11 mm x 26 mm and weighs less than 4 grams. After the study, the capsule passes naturally with a bowel movement, usually within 1 to 4 days.

**POTENTIAL RISKS OF THE CAPSULE ENDOSCOPY**

- Capsule retention or bowel obstruction
- After ingesting the SBWC and until it is excreted, patients should not be near any source of powerful electromagnetic fields, such as one created near an MRI device.

**CONTRAINDICATIONS**

ABSOLUTE	RELATIVE
The patient is unable to swallow the capsule	Recent abdominal surgery
The patient cannot comply with the instructions or wear the equipment for 12-hours during the data collection.	In the case of gastric outlet obstruction, consideration can be made to place the capsule in the duodenum endoscopically.
The patient is unable to comply with the bowel preparation instructions	The patient has any diarrheal symptoms or tested positive for clostridium difficile infection. The patient must wait 48 hours after symptom resolution before proceeding with the test.
The patient has gastroparesis, esophageal stricture, or gastric outlet obstruction.	
The patient has a history of small bowel obstruction or bowel strictures.	
The patient is a poor surgical candidate or refuses surgery.	
The patient could be pregnant.	

**IMPLANTED PACEMAKERS/DEFIBRILLATORS:** There is a theoretical risk of electromagnetic interference in patients with cardiac pacemakers and implanted cardioverters. Clinically relevant interference of pacemaker/ICD has not been reported in the literature. We suggest consulting with a cardiologist/pacemaker clinic before performing the capsule endoscopy.

**CARDIAC TELEMETRY MONITORING:** Interference of wireless telemetry has been observed. In some cases, capsule videos were corrupted. If cardiac monitoring is necessary during the test, wired cardiac monitoring systems should be used.

**CAPSULE ENDOSCOPY REFERRAL**

TORONTO WESTERN HOSPITAL - ENDOSCOPY SUITE

399 Bathurst Street, 4 East

Toronto, ON M5T 2S8

TEL: 416-603-5949

FAX REFERRAL TO: 416-603-6204

UHN ADDRESSOGRAPH
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**REFERRING PROVIDER:**

DATE:	REFERRING PHYSICIAN NAME:	PROVIDER #:
REFERRING MD PHONE #:	REFERRING MD FAX #:	
PATIENT'S FAMILY DOCTOR NAME:	FAMILY DOCTOR'S FAX #:	

**PATIENT INFORMATION:**

PATIENT'S FIRST NAME:	PATIENT'S LAST NAME:	DOB (DD/MM/YYYY):	
UHN MRN (IF AVAILABLE):	HEALTH CARD # & VERSION CODE		
PATIENT ADDRESS:	CITY	PROVINCE	POSTAL CODE
PATIENT'S PRIMARY PHONE #:	PATIENT'S SECONDARY PHONE #:		

**REASON FOR REFERRAL:**

CRITERIA FUNDED BY OHIP	NOT FUNDED BY OHIP
<input type="checkbox"/> Iron deficiency anemia <input type="checkbox"/> Assess for obscure GI bleeding	<input type="checkbox"/> Other. If the patient does not fulfill OHIP criteria for the capsule endoscopy, there is an out-of-pocket cost of \$850 + HST for the capsule. Indicate reason below.

SUPPORTING DOCUMENTS must be attached:	PATIENT STATUS:
<input type="checkbox"/> Negative gastroscopy <input type="checkbox"/> Negative colonoscopy <input type="checkbox"/> Negative small bowel imaging (either small bowel follow through or CT enterography)	<input type="checkbox"/> OUTPATIENT  <input type="checkbox"/> INPATIENT <b>SITE (circle one):</b> TGH    TWH    PMH  <b>UNIT &amp; ROOM#:</b>  <b>ISOLATION?</b>

**CHECKLIST:**

Can the patient tolerate drinking 4L of PegLyte® over 2 days?	Y	N
Does the patient's abdominal area have any catheters (feeding tube, PD), new surgical incision, open wounds, or an ostomy? If YES, explain below	Y	N
Does the patient have difficulty swallowing?	Y	N
Does the patient have esophageal stricture or gastroparesis?	Y	N
Does the patient have a history of small bowel obstruction or bowel strictures?	Y	N
Does the patient refuse surgery, or is not an operable candidate?	Y	N
Does the patient have new diarrheal symptoms or tested positive for clostridium difficile infection?	Y	N
Could the patient be pregnant?	Y	N
Does the patient have an implanted pacemaker or ICD?	Y	N
Is the patient on telemetry or a Holter monitor?	Y	N

**ADDITIONAL INFORMATION:**

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