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| <b>Policy title</b>               | <b>Video capsule endoscopy and balloon enteroscopy for small bowel investigation v1.0</b> |
| <b>Policy position</b>            | <b>Criteria Based Access</b>  |
| <b>Date of CCG recommendation</b> | <b>February 2021</b>  |

Video capsule endoscopy (VCE), also known as wireless capsule endoscopy, enables imaging of the entire small bowel using a video capsule which is swallowed by the patient.

Balloon enteroscopy (BE), including single-balloon enteroscopy and double-balloon enteroscopy, allows deep intubation of the small bowel. BE allows real-time visualisation and can be used to perform endoscopic therapy but it is a more invasive technique which requires sedation or general anaesthetic.

- VCE should normally **only be funded** where investigation of the small bowel is indicated **and** where conventional endoscopy has not been successful in identifying the problem.
- BE should normally **only be funded** where further investigation and/or treatment of the small bowel is indicated after VCE or cross-sectional imaging (i.e. CT or MRI).

### Recommended utilisation

Patient or clinician preference is not an indication for the use of VCE.

#### Obscure gastro intestinal bleeding (OGIB) and iron-deficiency anaemia

- In OGIB and iron-deficiency anaemia, where bleeding is occult and the condition is unresponsive to medical treatment (i.e. iron supplementation for three months) and upper and lower gastrointestinal endoscopies are inconclusive, VCE is recommended for initial investigation with BE to be considered for follow up if necessary.
- In OGIB cases with overt (visible) bleeding or in patients unable to tolerate iron therapy offer VCE as soon as possible. See Figure 1 for more detail.
- Follow-up after VCE in OGIB patients: negative small-bowel VCE results should normally be followed by conservative management since re-bleed rates are low in this group; in those with positive small-bowel VCE results, further investigation and treatment may include BE. See Figure 1 for more detail on the recommended approach.

- It is not recommended to perform 'second-look endoscopy' routinely before VCE, although for both OGIB and iron-deficiency anaemia, the decision to perform second-look endoscopy before VCE should be made on a case-by-case basis.

Crohn's disease

**NOTE:**

This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.

**Clinical coding:**

OPCS Codes

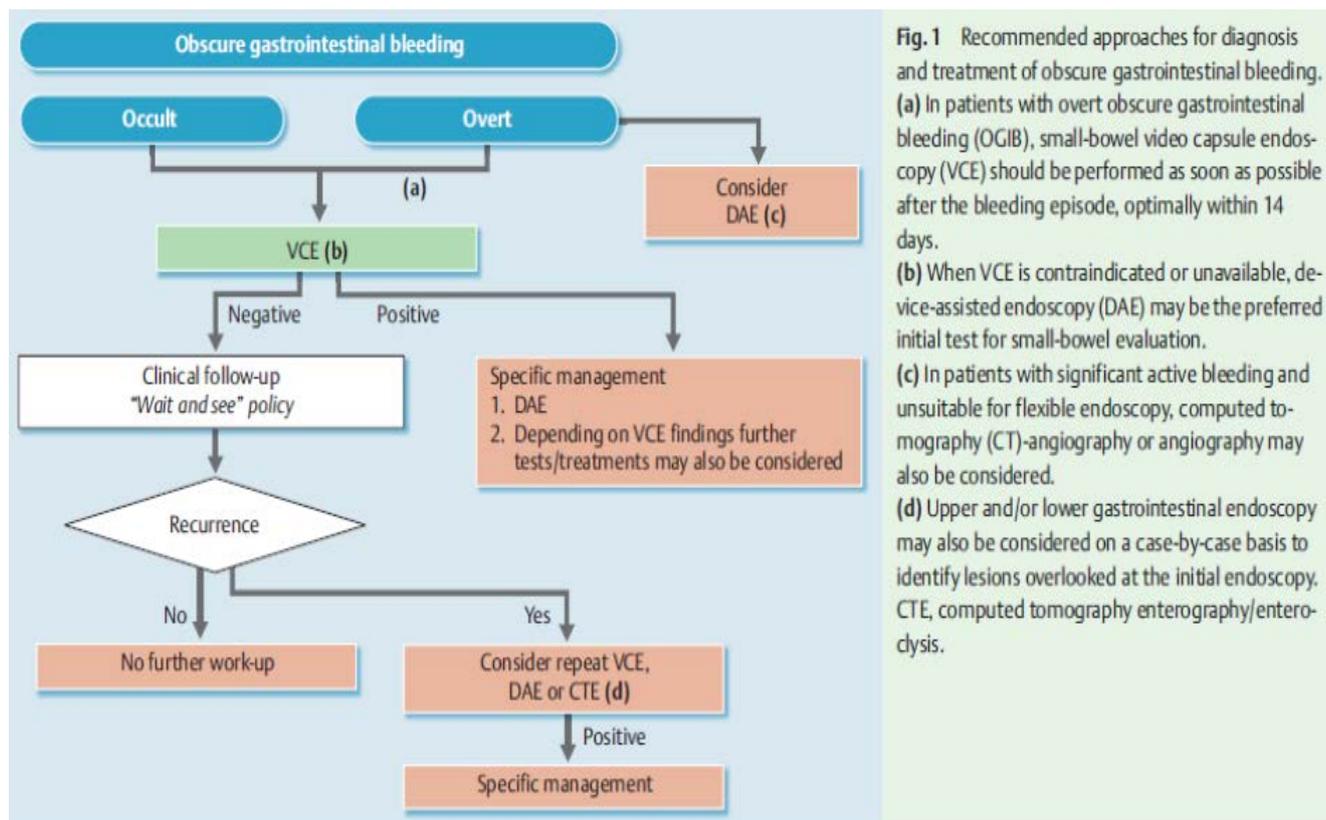
G802 Wireless capsule endoscopy

G803 Diagnostic endoscopic balloon examination of ileum

Key words: Small bowel investigation, video capsule endoscopy, balloon enteroscopy, device assisted enteroscopy

Figure 1: Recommended approaches for diagnosis and treatment of OGIB.

NB. Device assisted enteroscopy (DAE) in this diagram is a generic term which includes balloon enteroscopy.



This policy is based on:

1. British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults, 2019
2. British Society of Gastroenterology Guidelines: Diagnosis and management of acute lower gastrointestinal bleeding (2019)
3. European Society for Gastrointestinal Endoscopy (ESGE) Clinical Guideline: Small-bowel capsule endoscopy and device-assisted enteroscopy for diagnosis and treatment of small-bowel disorders, 2015
4. NICE, "Wireless capsule endoscopy for investigation of the small bowel," National Institute for Health and Clinical Excellence, 2004.