

Policy statement:	Capsule Endoscopy Double Balloon Endoscopy
Status:	Individual Prior Approval

M&SECCGs commission wireless capsule endoscopy and double balloon endoscopy on a restricted basis in the following circumstance

Diagnostic - Wireless capsule endoscopy (WCE) and double balloon enteroscopy (DBE) in obscure gastrointestinal bleeding

M&SECCGS will fund wireless capsule endoscopy or double balloon enteroscopy for obscure gastrointestinal bleeding under the following circumstances.

Capsule endoscopy for investigation

- Patients with gastrointestinal bleeding who have undergone a gastroscopy and/or endoscopy and results are negative.

Double balloon enteroscopy for treatment

- If wireless capsule endoscopy identifies source of bleeding in small bowel and such treatment is appropriate.

If results of wireless capsule endoscopy are normal but there is persistent bleeding then

- Consider second look wireless capsule endoscopy

OR

- Double balloon enteroscopy for investigation and treatment where appropriate

Rationale

- The evidence available shows that WCE and DBE are safe and effective diagnostic procedures for the detection of OGIB. Both have a higher diagnostic yield than conventional methods.
- WCE and DBE have common indications but different features. WCE can cover the whole GI tract, requires no sedation and is better tolerated by patients. Its major limitations are the inability to obtain a biopsy, precisely localise a lesion, or perform therapeutic endoscopy. DBE has the advantage of being controllable and enabling therapeutic treatment to take place simultaneously. The procedure is invasive and not as well tolerated as WCE, requiring additional staff, typically two physicians or an additional specialist nurse.
- Cost-effectiveness modelling suggests that CE-guided DBE may be associated with better long-term outcomes because of the potential for fewer complications and decreased utilisation of endoscopic resources.

Diagnostic - Wireless capsule endoscopy and double balloon enteroscopy in Crohn's disease

M&SECCGs will fund wireless capsule endoscopy or double balloon enteroscopy for Crohn's disease in the following circumstances

Following inconclusive ileocolonoscopy and/or small bowel radiology clinical suspicion of Crohn's disease remains then:

- Wireless capsule endoscopy for diagnosis-If pain is not a significant feature or where pain is a significant feature and there is no evidence of strictures on small bowel radiography.
- Double balloon enteroscopy to obtain histology-If pain is significant feature and there is evidence of strictures on small bowel radiography or wireless capsule endoscopy results are inconclusive.

Rationale

- The evidence available shows that WCE is a safe and effective diagnostic procedure for the detection of Crohn's disease. WCE has a higher diagnostic yield than push enteroscopy and other conventional methods. The results suggest that it is superior to conventional radiological procedures in the detection of lesions in patients with Crohn's disease. However, the high number of patients with strictures limits its use as a first line diagnostic test in patients previously diagnosed.
- Capsule retention remains a risk in patients with Crohn's disease with significant strictures. The risk is greater in patients with established Crohn's disease compared to patients suspected to have Crohn's disease.

Evidence

NICE produced interventional procedure guidance on WCE in 2004

Guidelines produced by British Society of Gastroenterologists in 2008, state DBE should be used complementary to WCE, particularly in the context of therapeutic intervention beyond the reach of push enteroscopy.

Funding for patients not meeting the above criteria will only be made available in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

References:

1. NICE. 2004. IPG 101. Wireless capsule endoscopy for investigation of the small bowel – guidance.