

# Capsule Endoscopy/Double Balloon Endoscopy

**BEFORE** providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

<b>Patient First name</b>		<b>Patient Surname</b>		<b>Hospital</b>	
<b>NHS No.</b>		<b>Date of Birth</b>		<b>Consultant</b>	
<b>GP F-code</b>		<b>CCG</b>		<b>UBRN</b>	
<b>Hospital No.</b>		<b>Referrer</b>			

## Additional information

Please submit completed form to the following email address:

[bbccg.mseccg-funding@nhs.net](mailto:bbccg.mseccg-funding@nhs.net)

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

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

**Patients can only be referred for funding if they meet ONE of the sets of criteria below (A OR B OR C).**

**Please indicate which of the criteria the patient meets:**

**Please tick**  
✓

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

<b>A</b>	Capsule endoscopy for investigation: <ul style="list-style-type: none"> <li>Patients with gastrointestinal bleeding who have undergone a gastroscopy and/or endoscopy and results are negative.</li> </ul>	
<b>B</b>	Double balloon enteroscopy for treatment: <ul style="list-style-type: none"> <li>If wireless capsule endoscopy identifies source of bleeding in small bowel and such treatment is appropriate.</li> </ul>	
<b>C</b>	If results of wireless capsule endoscopy are normal but there is persistent bleeding then: <ul style="list-style-type: none"> <li>Consider second look wireless capsule endoscopy</li> </ul> <u>OR</u>	
	<ul style="list-style-type: none"> <li>Double balloon enteroscopy for investigation and treatment where appropriate</li> </ul>	

**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 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. Patients can only be referred for funding if they meet ONE of the sets of criteria below (A OR B).**

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

<b>A</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	
<b>B</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	

**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.

**Please supply information clearly evidencing the selected criteria above**

(where applicable)

<b>CCG USE:</b>	<b>Invoice ref:</b>	<b>Prior Authorisation requested by:</b>
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<b>Is the procedure approved or declined?</b>		<b>Name of Clinician</b>	
Please indicate:			
<b>Name</b>		<b>Contact number</b>	
<b>Signature</b>		<b>Date</b>	
<b>Date</b>			