A NOVEL PURGATIVE PROTOCOL FOR CAPSULE ENDOSCOPY OF THE SMALL BOWEL PRODUCES BETTER QUALITY OF VISIBILITY THAN 2 L OF PEG. TIMING IS OF THE ESSENCE

Introduction: The ideal way of preparing patients for small bowel capsule endoscopy has been controversial. Previous studies have shown that ingestion of 2 l of polyethylenglycol (PEG) 12 hours prior to capsule ingestion leads to improved visibility in comparison to no preparation at all. We speculated that using a post-ingestion (PI), booster based, cleansing protocol might provide an alternative to the PEG cleansing protocol.

Methods: This randomized, blinded, prospective study enrolled 45 subjects. Patients were allocated to either of two groups. PEG group ingested 2 l PEG 12 hours prior to the exam (n=22) and the PI group ingested one sachet of Picolax® dissolved in 250ml of water one hour after swallowing the capsule with 500ml of water (n=18).

Primary endpoints were all over small bowel and distal third of small bowel cleansing levels. Secondary endpoints were average gastric and small bowel transit time.

Results: 45 patients participated in this study. Five subjects were excluded because of incomplete study. Percentage of patients with adequate visibility in the distal third of the small bowel in the PEG group was 9 % versus 72% in the PI group (p0.0001). Average gastric time and total transit time were shorter in PI group versus PEG group (p=0.0065).

Conclusion: Timing of ingestion of Picolax® purgative 60 minutes after swallowing capsule endoscope delivers better visibility in the distal third of the small bowel than the accepted cleansing protocol of ingesting 2 l PEG 12 hours prior to capsule endoscopy procedure.