NHS Grampian NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Clinical Guideline - Bowel Preparation Products For Adult Patients Undergoing Colon Capsule Endoscopy (CCE) Within NHS Scotland (ScotCAP)

Co-ordinators: Adapted from NHS Healthcare Improvement Scotland by the Medicines Management Specialist Nurse		**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature:		**Signature:**

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NHS Grampian, Orkney, Shetland, Tayside and Western Isles have authorised this Clinical Guideline to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards.

Executive Sign-Off

Authorised and executively signed for use within Nos Boards by: NHS Grampian Chief Executive Professor Caroline Hiscox

Signature: _____

Revision History:

Reference and approval date of PGD that has been adapted and/or superseded	Supersedes version 1 (unpublished)

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Policy Statement: It is the responsibility of the individual healthcare professionals and their line managers to ensure that they work within the terms laid down in this Clinical Guideline and to ensure that staff are working to the most up to date Clinical Guideline. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect individual, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this Clinical Guideline act within their own level of competence.

The lead author is responsible for the review of this Clinical Guideline and for ensuring the Clinical Guideline is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a clinical guidance needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national guideline or update is required.

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CLINICAL GUIDELINE - BOWEL PREPARATION PRODUCTS FOR ADULT PATIENTS UNDERGOING COLON CAPSULE ENDOSCOPY (CCE) WITHIN NHS SCOTLAND

This guideline concerns the bowel preparation products used in the colon capsule endoscopy service (CCE) in Scotland (**ScotCap)**, which is a national programme run by the **Centre for Sustainable Delivery.** Colon Capsule Endoscopy (CCE) is a lower gastrointestinal (GI) diagnostic test. It is an alternative to optical colonoscopy and CT Colonography (CTC).

CCE relies on the colon and rectum being cleansed by laxatives prior to the procedure (similar to colonoscopy). In addition, to help propel the capsule through the gut, 'boosters' need to be taken by the patient at the time of and after the capsule has been ingested. These boosters include pro-kinetics and purgatives.

A flowchart of the full process is included in appendix 1.

1. ADMINISTRATION

1.1 The patient receives detailed written and verbal information from ScotCap staff outlining the bowel preparation procedures which are essential for CCE to be successful. This includes details of a low residue diet. See 'Getting ready for your test' in appendix 2.

1.2 The bowel preparation regimen consists of Moviprep as bowel cleanser (Kit 1) and Prucalopride and Phospho-soda for boosters (Kit 2). Plenvu can be used instead of Moviprep (Kit 1).

1.3 The patient will be given instructions on how to take the contents of Kit 1 at home prior to their clinic appointment (see appendix 2 'Bowel preparation').

1.4 The patient will be given instructions on how to take the contents of Kit 2 when they attend their clinic appointment and ScotCap staff are satisfied CCE can go ahead (see appendix 2 'Your booster medication').

2. DESCRIPTION OF TREATMENTS AVAILABLE UNDER THE CLINICAL GUIDELINE

Name of medicine	**Moviprep**, powder for oral solution
Legal status	P; Pharmacy
Route/method of administration	Oral
Frequency of dose/duration of treatment	• Refer also to Appendix 2 for full details of administration schedule. • On day 1 of bowel preparation schedule (1 day before administration of CCE), take sachet A + sachet B of Moviprep, in 1 litre of water. • On day 2 (day of CCE procedure), take sachet A + sachet B of Moviprep, in 1 litre of water.
Follow up treatment	N/A
Advice to be given to the patient before administration of Moviprep	• Refer to Patient Information Booklet (PIB) (Appendix 2). • Follow diet as per PIB. • In particular, advice should be provided about the requirement for adequate fluid intake to prevent dehydration, but not excessive fluid intake (to prevent hyponatraemia and other electrolyte disturbances), following advice in the PIB. • Store reconstituted solution in a refrigerator; use within 24 hours. • Patients should be advised not to take other oral medication within one hour of administration of Moviprep as they may be flushed from the gastro-intestinal tract and not absorbed.
Identifying and managing possible adverse reactions	• Monitor for nausea, vomiting abdominal pain or distension. • Monitor for signs and symptoms of dehydration e.g. feeling dizzy or light-headed.
Referral for medical advice	• In the event of an adverse reaction, patients should contact ScotCap staff in the first instance, who may refer on for further medical review. • Intravenous fluids may be indicated in cases of severe dehydration.
Facilities and supplies required	Kit 1 from PSS delivered direct to patient's home.
Special considerations/additional information	• Contraindicated in phenylketonuria (PKU) as contains aspartame. • Contraindicated in glucose-6-phosphate dehydrogenase deficiency as contained ascorbate. • Contraindicated in gastrointestinal obstruction or perforation, ileus, disorders of gastric emptying. • Contraindicated in toxic megacolon and inflammatory bowel disease. • Contraindicated in hypersensitivity to active substances or any excipients.

Details of records required	• PSS will record that the patient has been dispensed Moviprep sachets • On presenting for their appointment, ScotCap staff will confirm with patient Moviprep has been taken and times of administration. This will be recorded in provider's electronic system (iSPEED).
References	• Summary of Product Characteristics (SmPC), available from www.medicines.org.uk • BNF, via www.medicinescomplete.com • NHS National Patient Safety Agency. Rapid Response Report NPSA/2009/RRR012. Reducing risk of harm from oral bowel cleansing solutions (February 2009).

Name of medicine	**Phospho-soda 24.4g/10.8g** oral solution
Legal status	P; Pharmacy
Route/method of administration	Oral
Frequency of dose/duration of treatment	• Kit 2 contains 90ml of phospho-soda, which will be given to patients by ScotCap staff at their clinic appointment. • 30ml of phospho-soda is mixed in 500ml of water (Booster 1). Booster 1 is taken once the patient arrives home or 2 hours after capsule ingestion (whichever is first). Booster 1 should be consumed over 30 minutes. • 30ml of phospho-soda is mixed in 500ml of water (Booster 2). Booster 2 is taken if the capsule has not passed within 3h after booster 1 has been consumed. Booster 2 should be consumed over 30 minutes. • 30ml of phospho-soda is mixed in 500ml of water (Booster 3). Booster 3 is taken if the capsule has not passed within 3h after booster 2 has been consumed. Booster 3 should be consumed over 30 minutes.
Follow up treatment (if applicable)	N/A
Advice to be given to the patient before administration of phospho-soda	• Refer to Patient Information Booklet (Appendix 2).
Identifying and managing possible adverse reactions	• Monitor for nausea, vomiting abdominal pain or distension. • Monitor for signs and symptoms of dehydration e.g. feeling dizzy or light-headed.
Referral for medical advice	• In the event of an adverse reaction, patients should contact ScotCap staff in the first instance, who may refer on for further medical review. • Intravenous fluids may be indicated in cases of severe dehydration.
Facilities and supplies required	Kit 2 from PSS delivered to the CCE Hub.
Special considerations/additional information	• Relevant specific contraindications for Phospho-soda: renal impairment, primary parathyroidism associated with hypercalcaemia, symptomatic heart failure, ascites, known or suspected gastrointestinal obstruction, megacolon (congenital or acquired), gastrointestinal perforation, ileus, active inflammatory bowel disease, hypersensitivity to active substances or excipients. • Careful use in elderly patients as risk of electrolyte disorders. • Not to be taken in combination with other laxative products containing sodium phosphate.

Details of records required	• PSS will record that the patient has been dispensed Phospho-soda • On presenting for their appointment, ScotCap staff will document time of administration. This will be recorded in provider's electronic system (iSPEED).
References	• Summary of Product Characteristics (SmPC), available from www.medicines.org.uk • BNF, via www.medicinescomplete.com

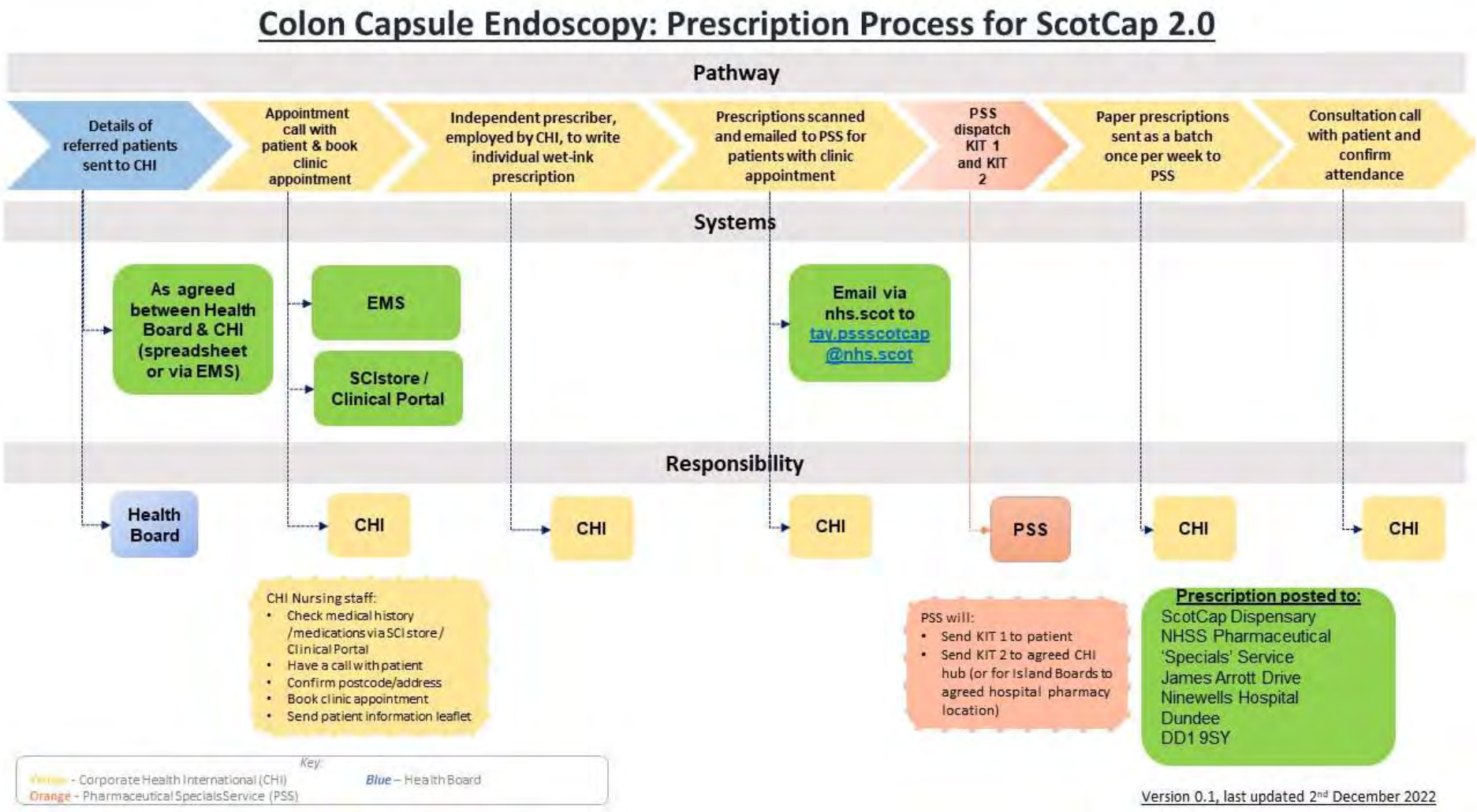
Name of medicine	**Prucalopride** 1mg tablet
Legal status	POM; Prescription only medicine Note: This is an off-label use of a licensed medicine.
Route/method of administration	Oral
Frequency of dose/duration of treatment	A single 1mg dose administered orally before camera capsule ingestion. A single dose of 2mg, given orally before capsule ingestion, may be given where there is a history or poor bowel preparation at a previous colonoscopy.
Follow up treatment (if applicable)	N/A
Advice to be given to the patient before administration of prucalopride	• Prucalopride may cause headache and dizziness and may affect vision – if affected do not drive.
Identifying and managing possible adverse reactions	• Although risk of adverse reactions with a single dose is minimal, monitor patients particularly for gastrointestinal symptoms such as nausea, diarrhoea and abdominal pain.
Referral for medical advice	• In the event of an adverse reaction, patients should contact ScotCap staff in the first instance, who may refer on for further medical review and treatment if necessary.
Facilities and supplies required	Kit 2 from PSS delivered to the CCE Hub.
Special considerations/additional information	• Patients requiring dialysis for renal impairment
Details of records required	• PSS will record that the patient has been dispensed a prucalopride tablet. • On presenting for their appointment, ScotCap staff will document time of administration. This will be recorded in provider's electronic system (iSPEED).
References	• Summary of Product Characteristics (SmPC), available from www.medicines.org.uk • BNF, via www.medicinescomplete.com

Name of medicine	**Plenvu** powder for oral solution
Legal status	P; Pharmacy
Route/method of administration	Oral
Frequency of dose/duration of treatment	• Refer also to Appendix 2 for full details of administration schedule.

	• On day 1 of bowel preparation schedule (1 day before administration of CCE), Dose 1 should be made up in 500mls of water and taken over 60 minutes. • On day 2 (day of CCE procedure), take Dose 2 made up of sachet A and sachet B mixed in 500mls of water, plus an additional 500mls of water, alternating sips between both and taken over 60 minutes.
Follow up treatment	N/A
Advice to be given to the patient before administration of Plenvu	• Refer to Patient Information Booklet (PIB) (Appendix 2). • Follow diet as per PIB. • In particular, advice should be provided about the requirement for adequate fluid intake to prevent dehydration, but not excessive fluid intake (to prevent hyponatraemia and other electrolyte disturbances), following advice in the PIB. • Store reconstituted solution in a refrigerator; use within 24 hours. • Patients should be advised not to take other oral medication within one hour of administration of Plenvu as they may be flushed from the gastro-intestinal tract and not absorbed.
Identifying and managing possible adverse reactions	• Monitor for nausea, vomiting abdominal pain or distension. • Monitor for signs and symptoms of dehydration e.g. feeling dizzy or light-headed.
Referral for medical advice	• In the event of an adverse reaction, patients should contact ScotCap staff in the first instance, who may refer on for further medical review. • Intravenous fluids may be indicated in cases of severe dehydration.
Facilities and supplies required	Kit 1 from PSS delivered direct to patient's home.
Special considerations/additional information	• Contraindicated in phenylketonuria (PKU) as contains aspartame. • Contraindicated in glucose-6-phosphate dehydrogenase deficiency as contained ascorbate. • Contraindicated in gastrointestinal obstruction or perforation, ileus, disorders of gastric emptying. • Contraindicated in toxic megacolon and inflammatory bowel disease. • Contraindicated in hypersensitivity to active substances or any excipients.
Details of records required	• PSS will record that the patient has been dispensed Plenvu sachets. • On presenting for their appointment, ScotCap staff will confirm with patient Plevu has been taken and times of administration. This will be recorded in provider's electronic system (iSPEED).

References	• Summary of Product Characteristics (SmPC), available from www.medicines.org.uk • BNF, via www.medicinescomplete.com • NHS National Patient Safety Agency. Rapid Response Report NPSA/2009/RRR012. Reducing risk of harm from oral bowel cleansing solutions (February 2009).

Appendix 1: Flowchart - prescribing process



Appendix 2: Patient information leaflets

What is ScotCap?	Getting ready for your test	Bowel preparation (MoviPrep)	Bowel preparation (Plenvu)	Your booster medication
323832_3_0 What is ScotCap_September 2	323829_4_0 ScotCap Getting ready for you	323831_3_0 Bowel prep Leaflet_Septemb	342647_1_0 Plenvu Bowel prep Leaflet_S	323836_3_0 Your Booster Medication_S

NOTE: PDF files may not be accessible via this document. Please refer to the separate Appendix 2 word document.

Appendix 3: Change Control

Edition Number	Date	Reason for Change
1	06.03.23	Initial Clinical Guideline
1.1	16.05.23	Amended from metoclopramide to prucalopride in the prucalopride table: Advice to be given to the patient before administration of (metoclopramide) prucalopride