

Cytosponge Test

Information and advice for patients

GI Physiology

This leaflet provides you with information about a new test called Cytosponge. It explains:

- What the test is and why you might need it
- How you prepare for a test
- What to expect when you have your test
- What happens after the test
- What the risks of the test might be
- What alternatives to the test you could be offered?

What is a Cytosponge test?

This new test is being introduced in a number of areas in the NHS as it has been proven in clinical trials to be a simple, safe and effective way of diagnosing conditions related to the oesophagus (gullet).

You have been referred for an endoscopy (a test with a camera to examine your gullet and stomach) to understand your current symptoms. We are evaluating the role of Cytosponge as an innovative alternative to endoscopy which is the usual process for diagnosing these conditions. Therefore, patients on the waiting list for endoscopy that meet specific criteria will be offered the Cytosponge test instead of endoscopy.

A Cytosponge is a small capsule on a string. The capsule is a similar size to a vitamin tablet and is made from vegetarian gelatin. The capsule contains a sponge which is designed to collect a sample of cells from your oesophagus (gullet). This will then be tested to find out if there are any cells which are unexpected or abnormal.

Problems with heartburn and acid reflux are very common but occasionally this can lead to changes in the normal cells that line your oesophagus (gullet).

Very rarely these cells can develop into pre-cancerous or cancerous cells and may lead to oesophageal cancer (cancer of the gullet). When changes to cells are found early it can make any treatment much simpler and the impact on a patient is much less significant.

A Cytosponge test can help your doctor investigate and manage your symptoms.

What are the benefits?

Cytosponge is used to collect a sample of cells from your oesophagus (gullet). These will then be tested to find out if there are any cells which are unexpected or abnormal.

Studies have found Cytosponge to be a safe and accurate test. It has also been found to be well tolerated and better accepted by patients than conventional testing of an endoscopy.

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What are the risks?

- The Cytosponge test has not been found to have any serious side effects
- Most people do not have any problem swallowing the capsule but if you do have a problem, we will not continue with the test
- You may have a mild sore throat which might last up to 48 hours after the test
- There is an extremely small risk (1 in 5000) that the string may become detached from the sponge, or it may be difficult to remove the sponge. If this happens it is not painful or dangerous, but you will have to have an endoscopy to remove the sponge (the same procedure you were originally referred for). If this is required, the endoscopy would happen on the same day.
- There is a very small chance that you may experience bleeding and this may be more likely if you are on blood thinning medication. If this happens please call us using the contact details on your referral letter. Outside normal opening times, please call 111 telling them that you have had a Cytosponge test.

Like all tests, the Cytosponge may not always find all abnormalities. On very rare occasions, a serious abnormality might not be identified. If you have any questions about this, please contact the clinic using the contact details on your Cytosponge referral letter.

What are the risks of not having the test?

Any changes in the cells of your Oesophagus may not be detected resulting in these changes being missed.

Are there any alternatives to this test?

Cytosponge has been proven in clinical trials to be a simple, safe and effective way of diagnosing conditions related to the oesophagus (gullet) and is being used in your hospital for low risk patients as an alternative to endoscopy.

If you decide not to have a Cytosponge test then an endoscopy will be offered.

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Preparing for the test

Before your test appointment

- You should keep taking all your usual medications
- If you take any blood thinning medication, please read the instructions below. If you take Warfarin you will need to have an INR test 7 days before your Cytosponge test.
- If you have any questions about the test or find that you cannot keep your appointment, please contact the clinic using the contact details on your Cytosponge referral letter.

On the day of your test

- You should have nothing to eat or drink for 4 hours before your appointment
- Take your medication as normal, but with only a little water. Please bring a list of your medications with you to your appointment
- If you have diabetes please have a light breakfast early in the morning (a minimum of 4 hours before your appointment) and take your usual medication
- If you are on blood thinners, please follow the instructions below:

Warfarin

- You will need to have an INR test the week before your Cytosponge test.
- Your INR has to be 3.5 or less when you have the Cytosponge test.
- If your INR is within your target range then continue with your usual dose.
- If your INR is not within your target range, please contact your anticoagulant clinic for advice as your dose may need to be adjusted.
- If your INR result is above 3.5 contact your anticoagulant clinic or GP for advice.

Anti-Platelet Medication

- Clopidogrel, Aspirin, Prasugrel, Ticagrelor and other anti-platelet medication do not need to be stopped before your Cytosponge test.

Other anticoagulants

- You should stop any other anticoagulants the day of your Cytosponge test. E.g. Rivaroxaban, Apixaban, Edoxaban, Dabigatran.
- Restart your medication the day after your Cytosponge test. Continue with your usual dose.

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During the test

At the hospital or clinic

The GI Physiology Department is located at Sandwell Hospital in Clinic 6B of the Outpatients building on the 1st floor. On your arrival please check in at the **Endoscopy Unit Reception desk**. You will be asked to take a seat in the waiting area.

- A clinical scientist or physiologist will then take you into a private room and discuss the test with you
- Your appointment will last around 30 minutes
- If you have any questions when you arrive, please ask your clinical scientist or physiologist when you are checking in

What happens during the test?

- You will be collected from the waiting room by one of the GI Physiology team who will take you to the clinic area, your appointment will take up to half an hour.
- You will be asked some questions to check that you are ready for your test and make sure you are comfortable
- You will be asked to sign a consent form for the procedure. A copy of the consent form will be offered to you. Please feel free to ask questions or voice any concerns you may have regarding your test.
- You will swallow the Cytosponge capsule and string with some water. The end of the string is attached to a piece of card which the staff will hold
- It will take around 7½ minutes for the capsule to dissolve, releasing the sponge in your stomach
- The clinical scientist or physiologist will pull up the sponge by the string. This will only take 1 or 2 seconds and should not be painful, but you may feel like the inside of your gullet is being brushed.
- The sponge collects cells as it passes through your gullet
- After your test, the sponge is sent to the pathology lab, which will look at the sample to see if you have any signs of changes to the cells in the oesophagus (gullet).

You will be given the option to have a local anaesthetic spray into your throat which will numb the area before the sponge is removed, as some patients may find this step uncomfortable. If you choose to have a local anaesthetic spray, the Clinical Scientist will first make sure you do not have any allergies, and that you are not taking any medication that would cause this to be a problem.

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How will you get your results?

The results of your test will be given to you either by telephone or by letter. We expect this to take around 1 month following your procedure.

If your Cytosponge test shows your cells are normal, this indicates that there is no evidence of damage to the oesophagus, and you will continue with treatment, such as acid-suppressants for your symptoms.

If the Cytosponge tests identifies any abnormal cells, this indicates that there is some damage to the oesophagus which will require further investigation with an endoscopy.

After the test

- You can go home straight after your test is completed
- If you have had a local anaesthetic spray, this causes a numbing in your throat which will soon go away. For safety reasons you will be advised not to eat or drink for 20-30 minutes after the test. After this you can eat and drink as normal
- If you have a sore throat after the test, suck a throat lozenge or sweet and take simple painkillers like paracetamol if required.
- If your heartburn symptoms become worse, you should continue to take your heartburn medication as prescribed
- It is very unlikely you will experience any other symptoms, however if you experience any severe pain or bleeding you should contact the clinic using the contact details on your referral letter. Outside normal opening times, please call 111 telling them that you have had a Cytosponge test

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Contact details

If you have any questions or concerns before or after the test, please contact:

GI Physiology:

Telephone number: 0121 507 2490

If there is no answer, please leave a message including your name and telephone number on the answer phone and we will get back to you as soon as possible.

The Department is open Monday-Wednesday and Friday 8am-4pm

Further information

NHS Inform (2022). *Cytosponge*. [Online] Available from: <https://www.nhsinform.scot/tests-and-treatments/non-surgical-procedures/cytosponge> [Accessed 18th January 2023]

University of Cambridge (2020). *The Cytosponge Test*. [Online] Available from <https://cytosponge.org/> [Accessed 26 July 2022]

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