**Why do patients with gastro-oesophageal reflux disease (GERD) decline Capsule Sponge?**

**Introduction:**

We participated in a national project to assess the efficacy of capsule sponge in patients with symptoms of GERD and for BO surveillance. Local data was analysed to investigate why patients declined to undergo the capsule sponge procedure.

**Methods:**

Capsule Sponge is a non-invasive diagnostic tool. It is used to investigate patients with GERD who may have Barret’s Oesophagus (BO) and for BO surveillance. The devise is an encapsulated sponge attached to a string. Once swallowed, contact with gastric acid dissolves the capsule and releases the sponge. As the string is pulled, the sponge collects cells from the oesophageal mucosa. These cells are analysed to look for intestinal metaplasia (TFF3), atypia or p53 mutations.

We participated in this national project from August 2021 to February 2024. Patients included were those referred by their GP with reflux symptoms and no alarm symptoms. Referrals were double vetted by the Gastroenterology team. Suitable patients were contacted via telephone by the team administrator who explained capsule sponge and asked patients if they would like to go ahead. Those who accepted were seen by the nurses who went through the details of the procedure again. In June 2024, patients who refused capsule sponge were contacted by telephone and asked to detail their reasons for declining the procedure. Information was sought voluntarily. If unsure, patients were taken through a list of possible reasons for their decision to decline.

**Results:**

Of the 222 patients who were deemed suitable, 96(43%) declined to undergo capsule sponge. These patients were contacted, and 58 responses were recorded giving a response rate of 60%. Some patients had multiple reasons for declining the test. Reasons for declining capsule sponge included: Patient related factors - Not believing problem will be picked up(19%), not remembering being told about the procedure(14%), new procedure(10%), fear of being uncomfortable or in pain(8%), being scared(5%), sensitive gag reflex(5%), probably still need a gastroscopy afterwards(4%), scared the string will detach(3%), being awake(2%), fear of sickness(1%), feeling unwell(1%) and administrative factors - lack of visuals (5%), inconvenient timing(3%), not enough information given(2%), cancellation(2%) and language barrier(1%).

**Conclusion:**

The two most common causes for patients declining capsule sponge were lack of confidence in its diagnostic efficacy and not remembering being informed about the procedure. For this project, initial contact was made by the team administrator. If suitable patients are instead given information at their initial primary care consultation by a healthcare professional, it may make them more familiar and less sceptical of the procedure. Written information and visual aids may also help in assuaging some of the fears patients may have.