

## Capsule Endoscopy

Date: \_\_\_\_\_ Arrive at 8:00AM, and return to office the same day at 4:30PM

Follow up date and Time: \_\_\_\_\_

### Pre-Capsule Endoscopy Information

#### **One week before your capsule endoscopy appointment:**

Stop taking iron products. You may continue all other medications including anticoagulants (medications that slow the clotting of your blood) and including your daily vitamins.

#### **One day before your capsule endoscopy appointment:**

**Start a clear liquid diet at breakfast.** Please do not drink anything red.

##### Clear liquid diet suggestions:

Green Tea	Beef/Chicken Broth
Jell-O (no red, purple, blue or green)	Lemon Drink w/o pulp
Clear soda drinks (7up, Ginger Ale, Sprite)	Orange Drink w/o pulp
Apple Juice	Popsicles (no red)
White Grape Juice	Crystal Light (no red)

If you are a diabetic, please discuss the dosing of your diabetic medications with the physician that monitors your diabetes. Most diabetic patients are comfortable with taking ½ of their diabetic medications the day before their procedure and none the morning of their procedure.

A more rigorous bowel preparation, similar to those taken before a colonoscopy, is not necessary before a capsule, however there is mild preparation required.

#### **The day before your appointment**

Take 34g of Miralax in the morning and another 34g at lunch time.

#### **At midnight, the night before your appointment**

Take nothing more by mouth.

#### **The morning of your procedure:**

Take your medication before 7am with only a sip of water. It is important that you take critical medications several hours before your capsule endoscopy since you will be unable to take these medications for several hours after your capsule endoscopy.

**Please be sure to remove all metal jewelry before procedure and to keep jewelry removed until after the Data Recorder is removed.**

Your capsule endoscopy procedure will only take 15 minutes. It is not necessary for you to have someone available to drive home from this procedure. Please wear comfortable clothing. A cotton top is recommended.

**About your capsule procedure:**

When you arrive for your capsule appointment, a Velcro belt will be placed around your waist. A small purse-like pouch will be placed around your neck or shoulder. You will be asked to swallow a vitamin-sized camera capsule. As the capsule progresses naturally down your digestive tract, the camera-pill will capture two (2) images per second. The images are transferred via the antenna in the belt to the Data Recorder within the purse-like pouch. You will be asked to wear the equipment for nine (9) hours. It is not necessary to remain in the office area during this examination. You are encouraged to continue your daily routine but do not remove the equipment you will be wearing. At the end of nine hours, you will be asked to return to the office and the medical assistant will remove the equipment for you. The capsule will pass naturally in your stool and may be safely flushed down the toilet for disposal.

**Post Capsule Endoscopy Information**

**Your Time Reminder**

You may have water at:	10:00 am
You may resume a clear liquid diet at:	11:00 am
You may have a regular diet at:	01:00 pm
You may return taking by mouth medications:	11:00 am
Please come back to the office to remove your equipment at:	04:30 pm

You have completed the first phase of your capsule endoscopy. For the next eight hours, avoid any activities that would require removal of your capsule equipment. You may return to your other daily activities.

You may operate electrical equipment during the remaining phase of your procedure. It is not likely that any household or commercial electronics will interfere with this examination. You may use your cell phone, computer, remote TV appliance, microwave, MP3 player and digital camera without likely interference. Because the capsule endoscopy equipment is a little ominous in appearance, we do recommend that you avoid going to the bank, airport or government facilities during the next 8 hours.

Avoid other patients undergoing capsule endoscopy. Although the transmission range of this device is limited, it is possible that your images could be altered if you come within 6 feet of another capsule endoscopy patient.

The capsule device will pass naturally in your stool. It is not necessary to retrieve or return the capsule that you have ingested. In some instances, the capsule passes rapidly through the intestine and is expelled while still “blinking”. Do not be alarmed if this happens to you. You may dispose of the used capsule by flushing it down the toilet. Most patients do not see the capsule pass in their stool.

If you have stopped taking your oral Iron supplement for this examination, you may begin taking it again the day after you ingested your capsule device.

Seek medical advice if you develop abdominal pain with bloating, fever, nausea, vomiting and difficulty passing stool. These may be signs of obstruction in your intestine and may require medical attention.

You may not have an MRI during the time that the capsule is in your body. Should you require an MRI and you have not seen the capsule pass in your stool, tell your doctor so that he/she may order an abdominal x-ray before the MRI to see if the capsule has passed from your body. Most people do not see the capsule pass in their stool.

**PLEASE DO NOT REMOVE THE EQUIPMENT YOURSELF!**

If you have any questions throughout the day, please contact us at 386-668-2221 a nurse will be available to assist you with your questions.

***Cancellation Fees:***

**As a courtesy to other patients who are waiting for appointments, we require that you provide us with notice of any cancellation of an appointment. Missed or cancelled appointments are subject to the following fees, which are not covered by your insurance:**

Surgical Center or Hospital Procedure with less than 72 hours’ notice.....	\$75
In-office Procedure with less than 24 hours’ notice .....	\$50
Office visit with less than 24 hours’ notice .....	\$25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office’s staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office’s staff for specific fee charged) and copying medical records in accordance with state laws.

**Print Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_