

Patient Instructions for Pillcam Small Bowel Capsule Endoscopy

Patient: _____

Examination Date: _____

Your physician has determined that as part of your medical evaluation you should undergo an examination known as SB capsule endoscopy. This procedure involves ingesting a small (the size of a large vitamin pill) PillCam™ SB capsule which will pass naturally through your digestive system while taking pictures of the intestine. The images are transmitted to the SensorArray™ which is placed on your abdomen. The SensorArray is attached to a walkman-like DataRecorder™ which saves all the images. It is located in the RecorderBelt™ which is worn around your waist. After 8 hours, you will remove the RecorderBelt and return it to your physician for processing. The PillCam SB capsule is disposable and will be excreted naturally in your bowel movement. In the rare case that it will not be excreted naturally, it will need to be removed endoscopically or surgically. In order for your physician to get the most accurate information from this examination, you will need to follow the instructions below:



PillCam SB Capsule

Day before Capsule Endoscopy

To be purchased over the counter:

- 1.) (4) Over the counter (5mg) Dulcolax Laxative Tablets (Bisacodyl is the generic)
- 2.) 238 gram MiraLAX (over the counter)
- 3.) 64 oz. Gatorade (NOT RED OR PURPLE)

NO SOLID FOOD ALLOWED!!

DRINK ONLY CLEAR LIQUIDS!! For breakfast, lunch and dinner. Have a **clear** liquid diet throughout the day, **NO RED, PURPLE or BLUE**. Avoid dairy products and juices with pulp such as orange, tomato, and grapefruit juice. **Clear liquid Diet such as:**

- Water
- Clear broth or bouillon
- Green or white tea with NO mild or non dairy creamer
- Gatorade
- (clear) Soft drinks
- Ice popsicles
- Green or yellow plain Jell-o with NO added fruits

1:00PM --Take the 4 Dulcolax tablets.

3:00PM --Mix 238 gram bottle of MiraLAX in a 64oz bottle of Gatorade. Shake solution until MiraLAX is dissolved.

3:30PM --You are going to drink one half of your mixture by drinking one 8oz glass every 15 min (4 glasses total)

6:30PM --You are going to drink one half of your mixture by drinking one 8oz glass every 15 min (4 glasses total)

DAY OF CAPSULE ENDOSCOPY



1. **DO NOT** take any medications 2 hrs before having the exam.
2. **DO NOT** apply body lotion or powder to your abdomen.
3. Wear loose fitting, two piece clothing.
4. **Arrive for your appointment at 9:15 am**

After Swallowing the Pillcam SB Capsule

1. After ingesting the PillCam SB capsule, 2 hours later you are allowed to drink clear liquids and take necessary medications. After 4 hours you may have a light snack; soup and crackers. After the examination is completed, you may return to your normal diet. Contact your physician immediately if you suffer any abdominal pain, nausea or vomiting during SB capsule endoscopy.
- 2.) After ingesting the PillCam SB capsule and until it is excreted, you should not be near any source of powerful electromagnetic fields such as one created near an MRI device or amateur (ham) radio.
- 3.) Occasionally, some images may be lost due to radio interference (e.g., from amateur radio transmitter, MRI, etc.). On rare occasions this may result in the need to repeat the SB Capsule Endoscopy examination. In this case, the physician will advise you to stay within the premises of the clinic during the SB capsule endoscopy to prevent this problem from recurring.
- 4.) SB capsule endoscopy lasts approximately 8 hours and is considered complete according to your physician's instructions. Do not disconnect the equipment or remove the belt at any time during this period. Since the DataRecorder is actually a small computer, it should be treated with utmost care and protection. Avoid sudden movement and banging of the DataRecorder.
- 5.) During SB capsule endoscopy, you will need to verify every 15 minutes that the small light on top of the DataRecorder is blinking twice per second. If, for some reason it stops blinking at this rate, record the time and contact your physician. If the light changes from blue to yellow contact your physician right away.
- 6.) Avoid any strenuous physical activity especially if it involves sweating and do not bend over or stoop during capsule endoscopy.

After completing SB Capsule Endoscopy

1. **Return to the doctor's office at 5:15pm** to have the equipment removed.
2. Make sure you schedule a follow up appointment with your doctor for the results.

North Valley G.I. Consultants

Gastroenterology, Pancreatic, Biliary & Liver Disease
ERCP, Capsule Endoscopy

Mahendra N. Patel, MD

Robert B. Moghimi, MD

Consent Form

I _____,

CONSENT TO HAVING CAPSULE ENDOSCOPY

Capsule Endoscopy is an endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach, or colon. It does not replace upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in a patient's intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I understand that images and dates obtained from my capsule endoscopy may be used, under complete confidentiality for educational purposes in future medical studies.

Dr. _____ has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment and I have been allowed to ask questions concerning the planned examination.

I authorize Dr. _____ to perform Capsule Endoscopy.

Patient's Name (Please Print)

Patient's Signature

Date

In presence of : Spouse _____
 Parent _____

Companion _____
Patient Alone _____

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Gastroenterology, Pancreatic, Biliary & Liver Disease
ERCP, Capsule Endoscopy

Mahendra N. Patel, MD

Robert B. Moghimi, MD

Date: _____

Patient Name: _____

RE: CAPSULE ENDOSCOPY

North Valley GI Consultants will bill my insurance for payment for the capsule endoscopy procedure. However, if my insurance denies payment for the procedure I understand that I am responsible for the balance due.

The cost breakdown is as follows:

- | | |
|---------------|-----------------|
| • Capsule | \$550.00 |
| • Monitor fee | \$50.00 |
| • Prof. Fee | <u>\$300.00</u> |
| Total | \$900.00 |

Patient's Name (Please Print)

Patient's Signature

Date