



# East Valley Gastroenterology & Hepatology Associates

[www.eastvalleygastro.com](http://www.eastvalleygastro.com) . Tel: (480)786-6655 . Fax: (480)786-6996

## Small Bowel Capsule Endoscopy Preparation

600 S. Dobson Rd, Bldg A, Chandler, AZ 85224

Your procedure has been scheduled at: **8:00AM** on: \_\_\_\_\_

Please return to the office at: **4:00PM** (same day)

### **ITEMS TO PURCHASE (Over the counter- no prescription needed)**

\* One 4.1 ounce bottle of **MIRALAX LAXATIVE POWER**

\* One 32-ounce bottle of **Gatorade** or Crystal Light: **NEEDS TO BE GREEN OR YELLOW**

### **DAY BEFORE THE CAPSULE ENDOSCOPY: SUN MON TUES WED THUR FRI SAT**

1. You may have a normal breakfast.
2. Have a light lunch. Ex: Turkey Sandwich or Salad, Banana, Cup of fruit, Granola bar. **NO FRIED ITEMS**  
Following lunch, **begin a clear liquid diet.**
3. **12:00PM-** Mix the MiraLax power with either Gatorade or Crystal Light. Shake the solution until the MiraLax has dissolved. Drink every 15 minutes or at your own pace until the entire solution is finished.
4. **10:00PM- STOP ALL LIQUIDS**  
**Please ensure you are having bowel movements and that they are clear before coming in for your procedure. PLEASE CALL US IF YOU HAVE NOT HAD A BOWEL MOVEMENT BY 4PM.**

### **DAY OF THE CAPSULE ENDOSCOPY:**

1. Arrive at our office at the scheduled time for your capsule endoscopy **DRESSED IN A LOOSE, THIN, COTTON SHIRT. PLEASE NO BUTTONS OR ZIPPERS ON PANTS AND SHIRT.**
2. At our office, you will meet with a medical assistant who will give you information on the risks of the procedure. You will then be asked to give your informed consent.
3. You will wear a belt around your waist, as well as a Data Recorder on your hip. After that you will be instructed to ingest the PillCam SB Capsule.
4. You will need to return to the office **8 HOURS** after ingesting the PillCam SB Capsule.

### **AFTER INGESTING THE CAPSULE PILLCAM SB CAPSULE:**

1. You may drink clear liquids and take daily medications starting **2 HOURS** after swallowing the PillCam Capsule.
2. **You may have a light snack 4 HOURS** after ingestion. After the examination is completed, you may return to your normal diet.
3. Check the **BLUE FLASHING LIGHT** on the Data Recorder every 15 minutes to be sure it is blinking. If the light **STOPS** blinking or changes color, note the time and contact our office.
4. **Avoid strong electromagnetic fields** such as MRI devices after swallowing the Capsule and until you pass it in a bowel movement.
5. **Do NOT disconnect the equipment** or completely remove the belt at any time during the procedure.
6. **Treat the Data Recorder carefully.** Avoid sudden movements and banging of the Data Recorder.
7. **AVOID DIRECT EXPOSURE TO BRIGHT SUNLIGHT.**



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## CLEAR LIQUID DIET

### DAY BEFORE PROCEDURE

Only items on this list are permitted

#### BEVERAGES:

Coffee (no cream)  
Tea (no cream)  
7UP  
Sprite  
Ginger Ale

White Grape Juice  
Water  
Apple Juice  
Lemon-Lime Gatorade  
Lemon-Lime Crystal Light

#### SOUPS:

Bouillon  
Clear Broth

Fat Free Chicken Broth

#### SWEETS & DESSERTS:

Honey  
Sugar  
Clear Popsicles  
Butterscotch Candy

Jello (Plain, Lemon-Lime, or Pineapple)  
Hard Candy (Green, Yellow, or Clear)  
Jolly Ranchers (Green or Yellow)

**NO SOLID FOODS**

**CLEAR LIQUIDS ONLY**

**STAY AWAY FROM RED, PURPLE, BLUE, AND ORANGE DYES**

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## IMPORTANT

**You must not have anything by mouth  
*6 hours prior to the procedure.***

Otherwise this will result in postponement.

**NO MEDICATION, WATER, GUM OR JUICE**



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## Post Examination Instructions

You have just had a capsule endoscopy. This sheet contains information about what to expect over the next two days. Please call our office if you have severe or persistent abdominal or chest pain, fever, difficulty swallowing, or if you just have a question.

1. **Pain:** Pain is uncommon following capsule endoscopy. Should you feel sharp or persistent pain, please call our office.
2. **Nausea:** This is also very uncommon and should it occur, please notify our office.
3. **Diet:** You may eat. There are no dietary restrictions.
4. **Activities:** You may resume normal activities including exercise tomorrow.
5. **Medications:** You may resume all medications immediately. Do not make up for doses you have missed, but rather just begin your normal dosage.
6. **Further Testing:** Until the capsule passes, further testing includes any type of MRI should be avoided. If you have a MRI scheduled for the next 3 days, this should be postponed.
7. **The Capsule:** The Capsule passes naturally in a bowel movement, typically in 24 hours. Most likely you will be unaware of its passage. It does not need to be retrieved and can safely be flushed down the toilet. Occasionally, the capsule lights will still be flashing when it passes. Should you be concerned that the capsule did not pass, in the absence of symptoms; an abdominal x-ray can be obtained 3 days after ingestion to confirm its passage.



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

## \*\*Commercial Insurance Liability Notice\*\*

### Physician Statement

In many cases your insurance company will limit payment of a service due to limitation of your policy. If your insurance company does not pay for a service due to a policy limitation, you are financially responsible for the payment of that service.

Your insurance company may deny payment of your Capsule Endoscopy because of your policy limitations. If your insurance company denies payment for any or your entire bill, you will be personally responsible for payment.

### Beneficiary Agreement

I understand that in some cases, certain services will be denied payment by my insurance company due to the limitation of my personal policy. In the case that my insurance company denies payment for this service, I understand that I am fully responsible for the payment of this service.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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## WCE Consent Form

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I CONSENT TO HAVING A CAPSULE ENDOSCOPY

A 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 an upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examinations, 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 data 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 a capsule endoscopy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature



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## OFFICE POLICY REGARDING MISSED WIRELESS CAPSULE ENDOSCOPIES (WCE)

When you fail to adequately notify us of your inability to keep a scheduled appointment for a WCE, another patient in need is prevented from receiving treatment in a timely manner. Giving us sufficient notice of a cancellation will allow us to accommodate another patient in need.

Therefore, if a WCE is missed without any notification to our office, a \$25.00 charge will be billed to YOU and NOT your insurance company.

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Patient Signature

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Date