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CAPSULE ENDOSCOPY

UNDERSTANDING CAPSULE ENDOSCOPY

Your doctor has determined that a Capsule Endoscopy is necessary for further evaluation of your condition. It will provide your doctor with pictures of your small intestines, which is comprised of three portions (duodenum, jejunum, ileum). Your doctor will use a large vitamin pill size video capsule as an endoscope, which has its own light source. The video capsule will travel through the body, images are sent to a data recorder you will wear as a waist belt. Afterwards, your doctor will view the images on a video monitor.

WHY IS CAPSULE ENDOSCOPY PERFORMED?

It helps your doctor determine the cause of recurrent or persistent symptoms such as abdominal pain, diarrhea, bleeding or anemia after a gastroscopy and colonoscopy have been performed without revealing a diagnosis. It may also help determine mobility data such as gastric or small bowel passage time.

HOW DO I PREPARE FOR THE PROCEDURE?

An empty stomach allows for the best and safest exam, so you should have nothing to eat approximately 12 hours before the exam. Your doctor will tell you when to start fasting. **Tell your doctor in advance if you have a pacemaker, previous abdominal surgery, swallowing difficulty or history of a previous bowel obstruction.** Tell your doctor in advance of any medications you may need to take.

WHAT CAN I EXPECT DURING THE PROCEDURE?

A nurse will prepare you for the exam by applying a sensor array to your abdomen with adhesive sleeves. The capsule endoscopy is ingested and passes naturally through your digestive tract while transmitting video images to a data recorder worn on a belt for approximately eight hours. The capsule endoscopy does not interfere with breathing and most patients consider the test comfortable. You will be able to eat four hours after the capsule ingestion unless the doctor instructs you otherwise.

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WHAT HAPPENS AFTER CAPSULE ENDOSCOPY?

At the end of the procedure, you will need to return the data recorder and sensor arrays to the office. The images acquired during the exam will be downloaded to a workstation for physician review. After ingesting the capsule and until it is excreted, you should **not have an MRI exam nor be near a MRI or radiological imaging device**. You doctor will view a color video of the pictures taken from the capsule and contact you with the results. The capsule is disposable and passes naturally with your bowel movement. You should not feel any pain or discomfort when the capsule passes.

WHAT ARE THE POSSIBLE COMPLICATIONS OF THE CAPSULE ENDOSCOPY?

Although complications may occur they are rare but may include: obstruction, fever, trouble swallowing, chest or abdominal pain. Call your doctor immediately if you have any of those symptoms.

DAY BEFORE THE EXAM:

Eat a regular diet for breakfast and lunch. Clear liquids for dinner (see attached sheet). At **10:00 pm** drink **one** bottle of Mag Citrate (purchase 2 bottles at the pharmacy and it does not require a prescription). Clear liquids until midnight. Do not smoke 24 hours before the exam. Do not take any medication 2 hours before the exam. Male patients should shave their abdomen 6 inches above and below the navel on the day of the exam. This should be done prior to coming in the office for the exam.

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DAY OF EXAM:

Drink 1 bottle of Mag Citrate at **6:00 am**. Wear loose fitting clothing, two pieces is preferable. The nurse will give you a glass of water at the time you are scheduled to ingest the capsule. You may have half a sandwich or a bowl of soup 4 hours after the capsule is ingested. After this you will have nothing by mouth until you return to the office to return the equipment. Monitor the data recorder throughout the day. Notify the office immediately if the blue light is not flashing. After taking the capsule, contact the doctor's office immediately if you suffer from abdominal pain, nausea or vomiting during the capsule endoscopy. The nurse will instruct you on what time to return to the office with the equipment. After ingesting the capsule and until it has passed in your stool/commode, you should not be near any source of powerful electromagnetic fields such as MRI devices or amateur (ham) radio.

IF YOU HAVE QUESTIONS PLEASE CALL 919-783-4888 OR 919-341-3638 OR 919-858-0892

THE PHYSICIAN WILL REVIEW THE RESULTS AND OUR OFFICE STAFF WILL CALL YOU WITH RESULTS.

revised 10/12/21 cc rn

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CLEAR LIQUID DIET

CLEAR LIQUIDS ALLOWED:

****PLEASE NO RED PRODUCTS****

WHITE GRAPE, GRAPEFRUIT, APPLE (NO RED JUICES), SNAPPLE DRINKS (NO SNAPPLE WHIPPLE), TEA (HOT/COLD), COFFEE (USE NON DAIRY CREAMER), SOFT DRINKS (DIET IS OKAY), POWDERED FRUIT DRINKS OKAY (CRYSTAL LIGHT, KOOL AID, TANG), GATORADE

JELLO: ANY FLAVOR; NO RED

SOUPS: CHICKEN & BEEF BROTH, FAT FREE & BOULLION

MISC: FROZEN FRUIT PRODUCTS WITHOUT FRUIT CHUNKS (EX: POPSICLES, HARD CANDY IS OKAY (PEPPERMINT & BUTTERSCOTCH)

ITEMS NOT ALLOWED:

NO SOLID FOODS

NO DAIRY PRODUCTS

NO OATMEAL, GRITS, CREAM OF WHEAT

NO SLIM FAST/ BOOST/ ENSURE

NO INSTANT BREAKFAST DRINKS

NO RED JUICES, NO PRUNE, NO TOMATO, NO CARROTT, NO CRANBERRY, NO V-8 PRODUCTS



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VIDEO CAPSULE ENDOCOSPY INSTRUCTIONS

1. Periodically during the day check the data recorder and make sure the blue light is flashing. If it is not call our office immediately.
2. Call our office immediately if you develop abdominal pain or severe nausea during the course of the day.
3. At _____ you may have clear liquids. Clear liquid sheet is attached.
4. At _____ you may have a light lunch, consisting of half a sandwich, a bowl of soup or clear liquids to drink. Please do not consume any liquid with red or purple coloring (ie: tomato soup).
5. Following lunch do not have anything by mouth until you have returned to the office.
6. Avoid exposure to MRI equipment, amateur radio (ham radio), or sources of powerful electromagnetic fields during the course of the day.
7. Return to the office at _____ to return the equipment and complete the test.
8. Upon completion of the test, your physician will read the results and the nurse will call you with the results.
9. You should call our office to confirm passage of the capsule. Usually passes in the stool within 3 days. You will see the video capsule in the commode.
10. You should not have an MRI within 30 days of the capsule endoscopy. If need for an MRI arises, please call our office for instructions.

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CONSENT FORM FOR VIDEO CAPSULE ENDOSCOPY

PATIENT NAME: _____

CHART NUMBER: _____

I hereby consent and give permission to the performance upon myself of the following procedure:

M2A SMALL BOWEL CAPSULE

I understand that capsule endoscopy is an endoscopic exam and that it does not replace upper endoscopy or colonoscopy. It is not intended to examine the stomach and/or colon.

I understand that complications are rare but can occur. This includes, but is not limited to, bowel obstruction. I understand that this risk has been considered in the decision to administer this examination, and that in the physician's opinion, the benefits outweigh the potential risks incurred.

I attest to the fact that I **do not have any type of electrical implantable devices such as a pacemaker or a defibrillator.**

I am aware that I should **avoid Magnetic Resonance Imaging machines** during the procedures and until the capsule passes following the exam.

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 alternative treatment, and I have been allowed to ask questions concerning the planned examination. I understand that the nursing staff will administer this examination and that the results of this examination will be analyzed by a medical doctor.

I understand that Raleigh Medical Group, P.A. has tried to obtain authorization from my insurance company for this examination, but that unfortunately, I will be held responsible for the cost of this treatment.

By my signature, I indicate that I have read and understand this form and consent to the examination.

Patient signature

Date

Witness signature

Date

CMC 10/12/21

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