



Gastroenterology Specialists

Diplomate, American Board Internal Medicine and Gastroenterology

Steven A. Meckstroth, M.D.
Manuel F. Bustamante, M.D.
William Gonzalez, PA-C
Karina Hooper, PA-C

Instructions for the Capsule Endoscopy

Patient's name: _____ Date: _____ Time: _____

Your physician has determined that, as a part of your medical evaluation, you should undergo an examination known as Capsule Endoscopy. Instructions for this procedure are as follows:

Please stop iron supplements 7 days prior to your appointment.

THE DAY BEFORE YOUR APPOINTMENT

After lunch, the day prior to your procedure, begin a liquid diet.

Clear liquids: Water, Jell-O (no red or grape Jell-O), Tea, Apple Juice, Gatorade, Coffee, Beef Broth, Carbonated drinks, Popsicles (No red or purple), Chicken Broth, Vegetable Broth.

At 1:00 P.M., drink one 7 oz. bottle of Magnesium citrate. This product is available over the counter at your pharmacy. Your physician may require an additional preparation. If necessary, you will receive the additional instructions.

Please, have nothing by mouth after 10:00 P.M. You may take any necessary evening medications.

Male patients are required to shave their abdomen 6 inches above and 6 inches below their navel.

No smoking for 24 hours prior to your scheduled appointment.



THE DAY OF YOUR APPOINTMENT

Do not take any of your regular medications until the capsule has been in your system for two hours. Please, take one Reglan 10mg tablet 30 minutes before scheduled appointment.

Please wear loose fitting two-piece clothing.

You will have sensors applied to your abdomen and will be connected to a data recorder which you will wear around your waist.

When the capsule has been in your system for two hours, take morning medication as usual. After four hours have passed, you may have a light snack (i.e. a cup of soup and half a sandwich).

You will be given a hat to set in your toilet to check your stool to make sure the capsule has passed. If it has not passed in three days, we may recommend an abdominal x-ray to check the location of the capsule in your abdomen. Please check your stool daily until the capsule has passed. Notify the office when the capsule has passed.

REMAINDER OF THE DAY

You may resume normal activity the remainder of the day. Please avoid any strenuous activity or repeated bending or stopping. Please do not go near any source of powerful electromagnetic field such as MRI machines or an amateur (ham) radio. Images may be lost. Please watch to see that the light on the data recorder is blinking throughout the day. If it should stop, call the office.

The capsule is an 8-hour procedure. Please return to our office at 4:30 P.M. We will disconnect the recorder and download the pictures.



Consent Form

I CONSENT TO HAVING A CAPSULE ENDOSCOPY.

Capsule endoscopy is a new endoscopy 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 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 capsule endoscopy.

Patients Name (Please Print)	Patient's Signature	Date

In presence of: (Witness's Name): _____