

## Patient Instructions for PillCam Small Bowel Capsule Endoscopy

Patient: \_\_\_\_\_ Examination Date: \_\_\_\_\_

To ensure the best results for your PillCam capsule endoscopy of the small bowel, follow your doctor's instructions carefully and completely.

Your physician has determined that as part of your medical evaluation you should undergo an examination known as Capsule Endoscopy. This procedure involves ingesting a capsule (the size of a vitamin pill) call the PillCam, which will pass naturally through your digestive system while taking pictures of the intestine. The PillCam 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:

### **Five days BEFORE the PillCam study:**

Stop taking any iron products/prescription.

Alert the doctor if you have an implanted defibrillator (ICD). You cannot have the procedure as an outpatient if you have an ICD.

### **One day BEFORE the PillCam study:**

Begin a clear liquid diet BEGINNING at 12:00 noon. Avoid dairy products and juices with pulp such as orange or grapefruit juices. DO NOT add milk or creamer to your coffee/tea or include in other liquid diet drinks.

### **Permitted liquids:**

Soups: Clear broth

Sports drinks: Gatorade, Powerade, Propel

Juices: white cranberry, white grape, apple, limeade, strained lemonade

Beverages: tea, coffee, Kool-Aid, carbonated beverages, water

Desserts: water ices, Italian ices, popsicles, Jell-O

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**PAGE 2 OF INSTRUCTIONS**

**Starting 6 hours before your capsule endoscopy do not eat or drink except for necessary medication with a sip of water.**

**Day of Capsule Endoscopy:**

1. Do not take any medication 2 hours before having the exam.
2. Do not apply body lotion or powder to your abdomen.
3. Wear loose fitting, two-piece clothing. Your upper clothing should be opaque, not sheer.
4. Arrive for your appointment at the scheduled time.

**After swallowing the PillCam SB Capsule:**

**\*\*\* The capsule endoscopy procedure will last approximately 8-9 hours. Contact your doctor's office immediately if you suffer from and abdominal pain, nausea or vomiting during the procedure. \*\*\***

1. You may drink colorless liquids starting 2 hours after swallowing the PillCam SB Capsule.
2. You may have a light snack 4 hours after swallowing the capsule. After the examination is completed, you may return to your normal diet.
3. Check the blue flashing DataRecorder light every 15 minutes to be sure it is blinking twice per second. If it stops blinking or changes color, note the time and contact our office immediately.
4. Use the supplied Capsule Endoscopy Event Form to note the time of any event such as eating, drinking or a change in your activity. Return the completed Event Form to your doctor at the time you return the equipment.
5. Avoid strong electromagnetic fields such as MRI devices or ham radios after swallowing the capsule and until you pass it in a bowel movement.
6. Do not disconnect the equipment or completely remove the belt at any time during the procedure.
7. Treat the DataRecorder carefully. Avoid sudden movements and banging of the DataRecorder.
8. Avoid direct exposure to bright sunlight.

## **Clear Liquid Diet for Wireless Capsule Endoscopy**

Clear liquids include chicken or vegetable broth (without solid material like noodles or vegetables), any Jello-O and popsicles (except red or purple), tea, black coffee, water, apple juice or clear sodas.

**After Completing SB Capsule Endoscopy**

Return to the doctor's office at the scheduled time to have the equipment removed.

**Or:** If instructed to remove the equipment at the end of the capsule endoscopy procedure, do the following:

1. Remove the SensorBelt and the DataRecorder and keep in a safe place.
  2. Return all the equipment to your doctor's office as soon as possible. Handle the DataRecorder and other equipment carefully without exposing them to shock, vibration or direct sunlight.
- ⓘ *If you are not sure that the capsule has passed out of your body and you develop unexplained nausea, abdominal pain or vomiting, contact your doctor for evaluation.*
- ⓘ *Undergoing an MRI while the PillCam capsule is inside your body may result in damage to your intestinal tract or abdominal cavity. If you are not certain the capsule is out of your body, contact your physician for evaluation and possible abdominal X-ray before undergoing an MRI examination.*

DOB:

**Capsule Endoscopy Event Form** P&P:

Patient Name:		ID No:
Time	Event (eating, drinking, activity and unusual sensations)	
	PillCam capsule ingestion	
Time to return to facility: _____	Special Instructions:	
Contact in case of need:		

## 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 a 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 the capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

I understand that this medical equipment is the property of the office of Advanced Gastroenterology Associates, and that I am responsible for the proper care and accountability of the equipment.

Advanced Gastroenterology Associates 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 Advanced Gastroenterology Associates to perform capsule endoscopy.

Patient's Name \_\_\_\_\_ Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

In presence of: Spouse \_\_\_\_\_ Companion \_\_\_\_\_ Parent \_\_\_\_\_ Patient Alone \_\_\_\_\_

FINANCIAL RESPONSIBILITY FOR CAPSULE ENDOSCOPY  
FOR  
HORIZON BLUE CROSS AND BLUE SHIELD OF NEW JERSEY MEMBERS

Horizon Blue Cross Blue Shield does not give a pre-determination for the above referenced test. Each claim submitted for this test is reviewed by Horizon after the test is performed.

We will submit a claim to Horizon for this service, and we will make every effort to secure payment. Should the claim ultimately be denied, a fee of \$1,200 will be your responsibility.

Your signature below indicates your understanding and your acceptance of full financial responsibility for this service.

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

\_\_\_\_\_  
Date

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