

ADOBE Gastroenterology, P.C.
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Phone: (520) 721-2728 Fax: (520) 721-0179
Gastroenterology & Hepatology
Diplomates, American Board of Internal Medicine and Gastroenterology

**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. **Please inform your physician if you have any of the following contraindications.**

Contraindications:

PillCam SB capsules are contraindicated for use under the following conditions:

- In patients with known or suspected gastrointestinal obstruction, strictures, or fistulas based on the clinical picture or preprocedure testing and profile.
- In patients with cardiac pacemakers or other implanted electromedical devices.
- In patients with swallowing disorders.

Day Before Capsule Endoscopy

1. **After lunch, have only clear liquids**—as much as you want. Solid food, milk or milk products are not allowed. Acceptable clear liquids are any of the following **not colored red or purple**: Strained fruit juices without pulp, water, clear broth/bouillon, coffee/tea (without milk/creamer), Gatorade, soft drinks, Kool Aid/Crystal Light/fruit-flavored drinks, Jell-O, popsicles.
2. **Do not eat or drink**, except for necessary medication with a sip of water, **after 10pm** the night before your capsule endoscopy.

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 of 7:30 am.**

****You will receive an automated call from our office reminding you of your appointment and it will ask you to be here at 7 a.m. Please disregard the call and arrive no earlier than 7:30 am.** The office will not be open earlier.**

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 any 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 PillCamSB. 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 your doctor.
 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.**

After Completing SB Capsule Endoscopy:

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

If blue light stops blinking you return to the office before 4 pm.

- *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.*

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CAPSULE ENDOSCOPY EVENT FORM

| | | |
|---|--|---------------|
| Patient Name: | | ID No. |
| Time | Event (eating, drinking, activity , and unusual sensations) | |
| | PillCam Ingestion | |
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| Time to return to facility: _____ | Special Instructions: | |
| Contact in case of need: Megan 721-2728 | | |