

Capsule Endoscopy Instruction Sheet

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Procedure Location:

___ Fort Worth Office

909 9th Avenue

Suite 205

Fort Worth, TX 76104

___ Mansfield Office

309 Regency Parkway

Suite 201

Mansfield, TX 76063

Day Before Procedure:

- Start a clear liquid diet after lunch. Approved clear liquids include: water, clear juices without pulp (such as apple juice), soda, chicken or beef broth, popsicles and Jell-o (yellow and orange ONLY), tea, coffee, and lemonade. Do not drink anything red, green, or purple. No solid food and no dairy products such as milk or creamers.
- Do not smoke 24 hours prior to the exam.
- Drink 1 bottle of magnesium citrate at 9 pm. This will be purchased over the counter at the pharmacy (no prescription required).

The Morning of Capsule Endo:

- Do not eat or drink anything after midnight.
- You may take any required medication by 6 am with a small sip of water.
- At 7:00 am, drink 1 bottle of mylicon infant gas relief.
- Arrive at the office at the time listed below.
- Dress in loose fitting, two-piece clothing.
- At the office you will be asked to sign a consent form for capsule endoscopy.

After Ingesting the Capsule:

- You may start drinking water again starting 2 hours after swallowing the Pillcam capsule.
- After 4 hours you may have a light snack such as a soup or a salad.
- After 6 hours you can begin eating like normal.
- Check the blue flashing Pillcam recorder 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.
- Avoid strong electromagnetic fields such as an MRI device after swallowing the capsule and until you pass it in a bowel movement.
- Do not disconnect the equipment or completely remove the Pillcam recorder at any time during the procedure.
- Treat the Pillcam recorder carefully. Avoid sudden movements and banging of the recorder.
- You should return to the office at 4:30 pm. Upon review, if Pillcam is still in the small intestine, the staff will ask you to keep equipment on until 9 pm, then return the recorder the following day.

PROCEDURE DATE: _____

ARRIVAL TIME: _____

AM/PM

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