

Capsule Endoscopy

Report to the main registration desk at the front entrance of the hospital on

Date _____ Day _____ Time _____.

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. It is contraindicated in patients with bowel obstruction, pregnancy, pacemaker, or defibrillator.

PATIENT INSTRUCTIONS

- A. Begin clear liquid diet **AT 1PM THE DAY BEFORE THE PROCEDURE**. (See attached sheet for clear liquid diet guidelines.) You may only have these items to eat and drink between 1pm and 10pm. Nothing at all to eat or drink starting **AT 10PM THE EVENING BEFORE THE PROCEDURE**.
- B. No smoking for **24 HOURS PRIOR TO THE PROCEDURE**. You may wear a Nicotine patch.
- C. Necessary medications must be taken **AT LEAST (2) TWO HOURS BEFORE THE PROCEDURE** with a small sip of water.
- D. You will swallow a capsule then wear a belt with a recording device until you return to Endoscopy that afternoon. You will be able to eat after 4 hours following the capsule ingestion unless your doctor instructs you otherwise.
- E. Do NOT have a MRI during capsule procedure.
- F. If you have any questions regarding these instructions or the procedure, please call 405-742-5377 to speak with an Endoscopy nurse. If the Endoscopy unit has closed, you may call the hospital operator at 405-372-1480 and ask to speak with the on-call nurse.

_____/_____
Patient's Signature or Person Authorized to give Consent/Relationship

Date

Time

Signature of Person Giving Instructions

Date

Time

Original to Medical Records, Copy to Patient

Reviewed/Revised: 3/18/11, 10/21/14 Reference: For Use On:	STILLWATER MEDICAL CENTER Capsule Endoscopy	Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)
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CLEAR LIQUID GUIDELINES

PURPOSE

Clear liquids may be used in conditions where it necessary or desirable to reduce the amount of stool in the colon.

RECOMMENDED FLUIDS:

- A. Juices: Apple, White Grape, White Cranberry
- B. Soups: Clear Broth, Bouillon, or consommé.
- C. Desserts: Plain flavored gelatin (jello), popsicles, fruit ice, all should not contain any red, blue, or green dyes (read the label on the box for dye content).
- D. Sweets: Sugar, Hard Candy
- E. Beverages: Gatorade, Carbonated beverages, tea, coffee without creamer, Sanka, artificially flavored drinks that do not contain red, blue, or green dyes.

_____/_____
Patient's Signature or Person Authorized to give Consent/Relationship

_____/_____
Date Time

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