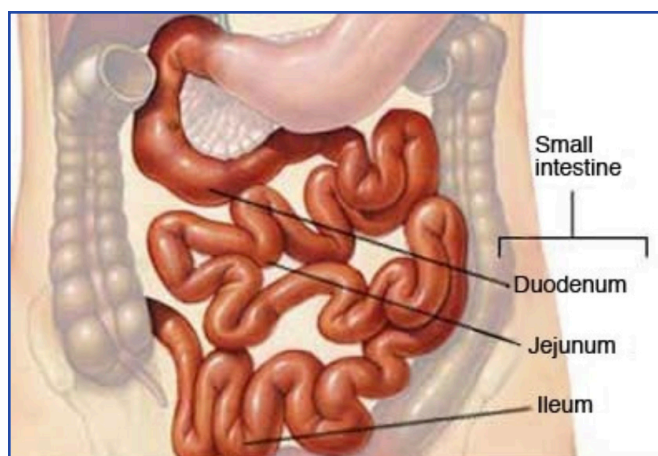


## CAPSULE ENDOSCOPY INFORMATION

### What is a capsule endoscopy?

- Capsule endoscopy allows for examination of the small intestine.
- This middle portion of your gastrointestinal tract, which includes three portions of the small intestine (duodenum, jejunum, ileum), cannot be easily reached with standard endoscopy methods.



### How is a capsule endoscopy performed?

- You will be given a pill sized video camera for you to swallow. This camera has its own light source and takes pictures of your small intestine as it passes through. These pictures are sent to a small recording device you have to wear on your body.
- Your doctor will be able to view these pictures after they are downloaded. This may provide information on structural changes in your small intestine.

### Why is a capsule endoscopy done?

- The most common reason for doing capsule endoscopy is to search for a cause of bleeding from the small intestine.
- It may also be useful for detecting polyps, Crohn's disease, ulcers, and tumors of the small intestine.

### How do you prepare for a capsule endoscopy?

#### THE WEEK BEFORE THE PROCEDURE:

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- Stop iron supplementation or bismuth salicylate (Pepto Bismol) for the week before the capsule endoscopy procedure.
- Purchase polyethylene glycol (Miralax) — containers come in varying sizes, you will need 153 grams.
- Purchase simethicone (Mylicon) drops — find the smallest bottle possible, you will only need 1.2 ml total.

#### THE DAY BEFORE THE PROCEDURE:

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- At 7:00 pm the evening before your procedure is scheduled, mix seven (7) capfuls (119 grams) of polyethylene glycol (Miralax) with 32 oz. of water or Gatorade (non-red colored) and drink all contents.
- At 9:30 pm the evening before the procedure, take 0.6 ml of simethicone (Mylicon) drops with 8 oz. of water. This will help to reduce bubbles in the gastrointestinal tract.
- At 10:00 pm the evening before the procedure, stop eating and drinking.
  - By keeping your stomach and small intestine empty, the camera is allowed to capture clear images of the small intestinal lining.

#### THE DAY OF THE PROCEDURE:

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- To prevent medications from interfering with the camera, take your medications with a sip of water either two hours before or two hours after your procedure is scheduled.
- Two (2) hours prior to the scheduled capsule endoscopy time, mix 1 capful (17 grams) of polyethylene glycol (Miralax) with 8 oz. of water or Gatorade (non-red).
- Bring your simethicone (Mylicon) with you to the office.

## What happens DURING the capsule endoscopy?

- Your health care team will review the procedure with you.
- You will swallow the pill-sized camera capsule along with 0.6 mL of simethicone (Mylicon) drops mixed in 8 oz. of water.
  - Once the camera is swallowed, you should not be able to feel it anymore.
  - The pill-sized capsule is about the size of a large pill (31 mm x 11 mm; 1.3 inches x 0.43 inches).
- After ingesting the capsule and until it is excreted, you should not be near an MRI device or schedule an MRI examination.

## What happens AFTER the capsule is swallowed?

- The camera capsule will pass naturally through your digestive tract.
- After two hours, you may begin drinking clear liquids.
- After four hours, mix 17 grams of polyethylene glycol (Miralax) with 8 oz. of water or Gatorade (non-red) and drink all of the contents.
- After four hours, you may have a light lunch or snack.
- After eight hours, when the test is complete, you may resume your normal diet.

## When will the camera capsule pass through my body? What do I do when I see it pass?

- The capsule will typically take between 3 and 30 hours to pass.
  - If you have not passed the capsule at 72 hours after capsule ingestion, please contact the office.
- After the capsule passes through your digestive tract, you will collect the capsule using a specially designed CapsoRetrieve capsule retrieval kit.
- Please proceed to <https://capsovision.com/patient-resources/what-to-expect-with-capsocam/> to view a video for retrieval procedure.
  - Make certain to watch this video before the procedure, so you are fully prepared to retrieve the capsule after the capsule passes through your intestinal tract.
  - **If you fail to retrieve the capsule, the test will need to be repeated.**
- You will place the capsule inside the vial. Ensure the vial lid is locked and put the vial into the envelope. Seal the pre-labeled envelope and drop it off at any FedEx drop box or FedEx location.

## When will I receive the results?

- The camera used in capsule endoscopy takes thousands of color photos as it passes through your digestive tract. The images are saved on the secure cloud that strings the images together to create a video.
- Your doctor watches the video to look for abnormalities within your digestive tract. It may take several days to receive and review the results.
- If you have not received the results from our office within 10 days of dropping your return envelope at FedEx, please call the office.

## Is capsule endoscopy safe?

- Capsule endoscopy is a safe procedure that carries few risks. However, it's possible for a capsule to become lodged in the digestive tract rather than leaving your body in a bowel movement within several days.
  - The risk, which is small, might be higher in people who have a condition — such as a tumor, Crohn's disease or previous surgery in the area — that causes a narrowing (stricture) in the digestive tract.
  - If you have abdominal pain or are at risk of a narrowing of your intestine, your doctor likely will get a CT scan to look for a narrowing or perform a patency capsule study before using capsule endoscopy.
  - Even if the imaging study is negative, there's still a small chance that the capsule could get stuck.
- It's important to recognize obstruction early. Signs of obstruction include unusual bloating, abdominal pain, nausea or vomiting. You should call your doctor immediately for any such concerns.
- Also, if you develop a fever after the test, have trouble swallowing or experience chest pain, tell your doctor immediately.
- If the capsule hasn't passed in a bowel movement but isn't causing signs and symptoms, your doctor might give the capsule more time to leave your body. However, a capsule causing signs and symptoms that indicate bowel obstruction must be removed, either by surgery or through a traditional endoscopy procedure, depending on where the capsule is stuck.

### CHECKLIST PRIOR TO SCHEDULING A CAPSULE ENDOSCOPY EXAM:

- Swallowing disorder
- Pacemaker
- Defibrillator
- Previous abdominal surgery
- Previous history of bowel obstruction
- History of Crohn's disease
- History of adhesions
- Possibility of pregnancy

Depending on these factors, capsule endoscopy may not be the correct choice for you or you may need additional evaluation prior to performing capsule endoscopy to minimize risks.

**COMPREHENSIVE GASTROINTESTINAL HEALTH  
CAPSULE ENDOSCOPY INFORMED CONSENT**

- Patients with suspected or known intestinal strictures may be at increased risk for bowel obstruction due to impaction of the camera capsule at the site of the narrowing or stricture.
  - Endoscopy or surgery may be necessary if a capsule becomes lodged.
  - The risk of capsule retention (defined as the capsule remaining in the digestive tract for more than two weeks) can be caused by NSAID strictures, Crohn's disease, small bowel tumors, intestinal adhesions, ulcerations, and radiation enteritis.
  - Summaries in published literature identify the risk of retention for obscure bleeding to be 1.5%, for suspected Crohn's disease to be 1.4%, for known Crohn's the risk is higher at 5% and for neoplastic lesions the rate of retention is 2.1%.
- You should be aware that if you develop abdominal pain, nausea, vomiting, or distension, that you should contact our office immediately.
- DO NOT UNDERGO AN MRI until excretion of the capsule has been confirmed.
  - If you undergo an MRI while the capsule is inside your body, this may result in serious damage to the intestinal tract or abdominal cavity.
  - If the excretion of the capsule was not positively verified, you should contact us for possible abdominal x-ray before undergoing an MRI examination.

**PATIENT NAME (PRINTED):** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_