



TEXAS MODERN  
GASTROENTEROLOGY

## Pre-Procedure Instructions for Capsule Endoscopy

**Physician:** Dr. Ebrahim Dr. Milad

Patient Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

### WHAT IS THIS PROCEDURE?

- Your physician has determined that you should undergo an examination known as Capsule Endoscopy as part of your medical evaluation. This procedure involves swallowing a capsule about the size of a large vitamin pill.
- The PillCam Small Bowel Capsule will pass naturally through your digestive system while taking pictures of the intestine. The images are transmitted to a recorder that you will wear on a strap across your body.
- You will either wear sensors on your stomach or a sensor belt to help transmit the images. Please select clothing that permits the placement of these devices.
- After 8 hours you will return to the Texas Modern Gastroenterology office to have the Recorder and belt removed.

- The Capsule is disposable and will be excreted naturally in your bowel movement. You do not need to search for it.
- Capsule endoscopy is a safe procedure, but rarely the capsule can become lodged in the small intestine. Please tell your doctor or your nurse if you have a narrowing of the small bowel or have had small bowel surgery.

## **WHAT SHOULD I DO TO PREPARE?**

***IF YOU DO NOT ADEQUATELY PREP, THE CAPSULE MAY NOT BE ABLE TO SEE ANYTHING, AND WE MAY NEED TO REPEAT THIS PROCESS, AND THIS MAY BE AN OUT OF POCKET COST.***

## **THE DAY BEFORE THE CAPSULE ENDOSCOPY**

### **WHAT TO PURCHASE:**

- You will need to purchase the following items from your local pharmacy or drug store:
  - 5 Dulcolax tablets
  - One 8 ounce bottle of Miralax
  - 64 ounces of Gatorade (no red colors please)

### **WHAT TO EAT:**

- On the day before your capsule endoscopy, you can have **ONLY CLEAR LIQUIDS**. A clear liquid diet includes Water, mineral water, clear fruit juices without pulp (apple, white grape, white cranberry, lemonade, etc), clear carbonated and non-carbonated soft drinks or sports drinks, store bought and 99% fat free broth (chicken, beef, vegetable or bone broth), popsicles or gelatin, coffee or tea without milk or cream. Nothing with blue, red, or green color.

- On the **evening before** your pill capsule endoscopy, **mix the bottle of Miralax into the 64 ounces of Gatorade**
- Then take **5 of the Dulcolax pills**, then wait **one hour**
- **Now**, start **drinking** the Miralax/Gatorade mixture. Try to drink 8 ounces every 15 minutes until you have completed the entire mixture.
- You may have nothing to eat or drink after midnight, except for medications with small sips of water. If you are diabetic, you may have **clear liquids** until 2 hours prior to your scheduled capsule endoscopy.
- We suggest drinking “regular” sugar containing liquids rather than sugar-free liquids the day before the test.
- If you are taking iron or iron containing supplements, stop taking them 1 week prior to your scheduled capsule endoscopy.
- **If you are diabetic or have problems with constipation, please let us know beforehand, as we will tailor your bowel prep accordingly.**

***IF YOU DO NOT ADEQUATELY PREP, THE CAPSULE MAY NOT BE ABLE TO SEE ANYTHING, AND WE MAY NEED TO REPEAT THIS PROCESS, AND THIS MAY BE AN OUT OF POCKET COST.***

### **THE DAY OF THE CAPSULE ENDOSCOPY**

- Please wear an upper garment (shirt or blouse) of **thin** natural fiber cloth such as cotton that is long enough to reach at least to hip level. Please do not wear multiple layers.
- The sensor belt cannot be worn over synthetic fabric such as polyester.

- If you are diabetic and taking insulin, take only ½ of your regular dose the day of the capsule endoscopy.
- Have nothing to eat or drink.
- Do not take your regular medications, but bring them with you. You will be able to take those 2 hours after you swallow the video capsule.

### **AFTER SWALLOWING THE VIDEO CAPSULE**

- After **4 hours** you will be able to take your medications and start **CLEAR LIQUIDS** again. You may not eat or drink anything before then. You may have clear liquids until you return the capsule belt to us.
- Capsule endoscopy lasts approximately 8 hours. You do not have to remain in the clinic during this time.
- Do not disconnect the equipment or remove the belt at any time during this period.
- The Data Recorder is actually a small computer, and should be treated with utmost care and protection.
- Avoid sudden movement and banging of the Data Recorder.
- You will need to return to Texas Modern Gastroenterology **8 hours** after ingestion of the capsule to have the equipment removed. If you do not return the capsule to Texas Modern Gastroenterology on the day of your capsule, you will be charged the price of the capsule equipment.
- Removing the equipment is a fairly quick process and should only take a few minutes.

- **After the examination is completed and you have returned the equipment, you may return to your normal diet.**
- Contact Dr. Ebrahim or Dr. Milad immediately if you suffer from any abdominal pain, nausea or vomiting during or after Capsule Endoscopy. You may call us at 903-558-2222.
- 

**WHAT SHOULD I AVOID?**

- After ingesting the video capsule and until it is excreted, you should not be near an MRI or any powerful electromagnetic fields
- Occasionally, some images may be lost due to radio transmitter interference (e.g. from amateur radio transmitter, MRI, etc.). On rare occasions this may result in the need to repeat the capsule endoscopy examination.

I have read and understand the following and all questions have been answered to my satisfaction:

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

Date: \_\_\_\_\_



TEXAS MODERN  
GASTROENTEROLOGY

## Pre-Capsule Endoscopy Questionnaire

**Physician:** Dr. Ebrahim      Dr. Milad

Patient Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

**Please answer the following questions:**

What are you allergic to?

What medications are you currently taking?

Do you have difficulty swallowing?

Do you have a pacemaker/Defibrillator?

Have you ever had a bowel obstruction or blockage?

Are you diabetic?

Are you pregnant?

What is your weight and height?

What is your waist size?

I have read and understand the following and provided appropriate clinical information to the Texas Modern Gastroenterology staff.

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

Date: \_\_\_\_\_

Texas Modern Gastroenterology Staff Signature:  
\_\_\_\_\_ Date \_\_\_\_\_



TEXAS MODERN  
GASTROENTEROLOGY

### Terms of Financial Agreement with Texas Modern Gastroenterology

I, \_\_\_\_\_ understand that I am obligated  
(Patient Name)  
to return the medical device (pill capsule endoscopy) upon completion of my  
study. I will be financially responsible in the amount of \$2500 if not returned or  
damaged.

By signing this letter, I agree to cover the cost of replacing the medical device. I  
have read and agree to the terms above.

Patient: \_\_\_\_\_

Date: \_\_\_\_\_



## Informed Consent of Surgical or Diagnostic Procedures

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I understand and acknowledge that during the course of my treatment today, the following procedure(s) may be required:

Pill Capsule Endoscopy

**I acknowledge and understand that prior to any procedure(s) being performed, the physician will give me more specific instructions. The physician will explain the diagnosis, and I will have an opportunity to ask questions and have those questions answered. The procedure(s) will proceed only when I have given a verbal informed consent and signed this written informed consent.**

---

---

### **RISKS**

I understand that the practice of medicine is not an exact science and acknowledge that I have not received any guarantees, assurances, or promises concerning the results of the procedure(s). I understand that as a result of the performance of the procedure(s), there is a minor risk that I may suffer pain, urinary symptoms, loss of blood, infection, or allergic reaction, along with a risk of recurrent hemorrhoidal symptoms.

The potential benefits and likelihood of success with treatment are very good. I understand and acknowledge that there are alternatives to treatment such as (but not limited to) invasive surgery, infrared coagulation, over the counter (OTC) medications, and not seeking treatment (i.e., living with the condition(s)). If the procedure is rejected, the future prognosis is unknown at this time.

I acknowledge and understand that during the course of the procedure(s), conditions may develop that may reasonably necessitate an extension of the original procedure(s) or the performance of procedure(s) that are unforeseen or not known to be needed at the time this consent is obtained. In the event of such unforeseen circumstances, I consent to my treating physician providing treatment to me that he or she deems medically necessary.

I acknowledge and understand that this request for and consent to surgical and/or diagnostic procedures shall be valid for the responsible physician, all medical personnel under the direct supervision and control of the physician, and for all other medical personnel otherwise involved in the course of treatment.

By signing below, I acknowledge that I have read this form and had this form read and/or explained to me and that I fully understand this form. I also acknowledge that I have been given ample opportunity to ask questions, and any questions I have asked have been answered or explained in a satisfactory manner. In signing, I acknowledge that I understand the relative risks, potential benefits, and alternatives for hemorrhoidal therapy, and I voluntarily consent to allow Dr. Ebrahm and Dr. Milad or any physician designated or selected by him or her and all other personnel that

may otherwise be involved in performing such procedures, to perform the procedures described or referred to herein. I also acknowledge that I understand and consent to the fact that vendors or other observers may be present during the performance of my procedure(s).

---

Signature of Patient or Person Signing on Behalf of Patient

---

Date/Time

---

Signature of Witness

---

Date/Time