

Digestive Disease Consultants

**44555 Woodward Ave, Ste. 304
Pontiac, MI 48341**

**Mones Takriti M.D., F.A.C.G.,A .G.A.F.
Brian Markle M.D.**

Telephone: 248-858-3878 option 2

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Important items for Capsule Endoscopy patients:

- 1. Stop all multi-vitamins and oral iron products for seven days prior to your capsule endoscopy appointment.**
- 2. The day prior to the procedure, you are allowed CLEAR LIQUIDS ONLY. Nothing by mouth after midnight.**
- 3. You will need to purchase 119 gram bottle of Miralax and take this with 32 ounces of water, Gatorade, juice etc around 7:00 pm the day prior to the procedure.**
- 4. YOU MUST READ the entire packet enclosed, if you have any questions, please call the office.**
- 5. BRING THE ENTIRE PACKET WITH YOU TO YOUR APPOINTMENT.**
- 6. Please wear a 2 piece; loose fitting outfit to your appointment.**
- 7. You are scheduled to arrive to our office at: _____ am on _____.**
- 8. We are located in Suite 304 of the St. Joseph Medical Office Building.**

Thank you for your cooperation and see you soon.

Deb Drake

Capsule Endoscopy Specialist

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CLEAR LIQUIDS

**** NOTHING RED OR PURPLE****

- **APPLE JUICE**
- **JELLO, NO FRUIT**
- **BOUILLON/BROTH**
- **HI-C DRINKS**
- **KOOL AID**
- **BLACK COFFEE-NO CREAM**
- **TEA-NO CREAM**
- **WATER**
- **WHITE GRAPE JUICE**
- **GINGER ALE**
- **7-UP**
- **COLAS**
- **MOUNTAIN DEW**
- **SPRITE**

You may have these all day the day before the capsule endoscopy.

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CONSENT FORM:

I CONSENT TO HAVING CAPSULE ENDOSCOPY.

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 the upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination, such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in patient's motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I understand that images and data obtained from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

Dr. _____ has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

I authorize Dr. _____ to perform the capsule endoscopy.

Patient name-printed

Patient signature

Date

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DURING CAPSULE ENDOSCOPY-PATIENT INSTRUCTIONS:

You have just swallowed a capsule for the capsule endoscope. This sheet contains instructions about what to expect over the next 8 hours. Please call our office if you have severe or persistent abdominal or chest pain, fever, difficulty swallowing, or if you have any questions. Our phone number is:248-858-3878 ext 2.

Time of capsule ingestion:_____

- 1. You may drink clear liquids 2 hours after swallowing the capsule_____.
You may eat a light meal/snack 6 hours after swallowing the capsule_____.
You may also take medications at _____.**
- 2. Do not exercise. Avoid heavy lifting. You do need to walk as much as possible to ensure the capsule is moving. You can drive a car. You may return to work, if your work allows avoiding unsuitable environments and or physical movements.**
- 3. Avoid going near MRI machines and radio transmitters. You may use a computer, radio, stereo, or cell phone.**
- 4. Do not stand directly next to another patient undergoing a capsule endoscopy.**
- 5. Try not to touch the recorder or sensors. Do not remove the equipment.**
- 6. Avoid getting the data recorder or sensors wet.**
- 7. You may loosen the belt to allow yourself to go to the restroom. Do not take the equipment off.**
- 8. Observe the LED light on the data recorder at least every 15 to 30 minutes. If the light stops blinking, document the time and call the office at 248-858-3878 ext 2 or just come back to the office.**
- 9. You will also need to walk at least 20 to 30 steps every time you check the LED light.**
- 10. Return to the office at _____ to have the equipment removed.**

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POST CAPSULE ENDOSCOPY-PATIENT INSTRUCTIONS:

You have just had a capsule endoscopy. This sheet contains information about what to expect over the next two days. Please call our office if have severe or persistent abdominal pain, chest pain, fever, difficulty swallowing, or if you have any questions. Our phone number is: 248-858-3878ext 2.

- 1. Pain: pain is uncommon following capsule endoscopy. Should you feel sharp or persistent pain, please call.**
- 2. Nausea: nausea is also very uncommon and should it occur, you need to notify the office.**
- 3. Diet: you may eat and drink as normal. There are no dietary restrictions.**
- 4. Activities: following the exam, you may resume normal activities, including exercising.**
- 5. Medications: you may resume all medications immediately. Do not make up for doses missed, just begin your normal dosage.**
- 6. Further testing: until the capsule passes, further testing which includes any type of MRI should be avoided. If you should have an MRI scheduled, you should postpone it.**
- 7. The Capsule: the capsule passes naturally in a bowel movement. Typically in 24 hours. Most likely, you will be unaware of its passing. It does not need to be retrieved and can safely be flushed down the toilet. Occasionally, the capsule lights will still be flashing when it passes. Should you be concerned that the capsule has not passes, in the absence of symptoms; an abdominal x-ray can be done after 3 days to confirm its passing?**