

Digestive Disease Consultants, P.C.

St. Joseph Medical Building
44555 Woodward Ave., Suite 304
Pontiac, MI 48341
Telephone: (248) 858-3878
Fax: (248) 209-6777

Mones Takriti, MD, FACG, AGAF
Brian Markle, MD

Important items for Capsule Endoscopy patients:

1. Stop all multi-vitamins and oral iron products for seven days prior to your test.
2. The day prior to the procedure, you are allowed CLEAR LIQUIDS ONLY. Nothing after midnight.
3. You will need to purchase 119 gram bottle of Miralax and take this with 32 ounces of Gatorade around 7:00pm the day prior to test.
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 loose fitting clothes.
7. You are scheduled to arrive to the office at: _____ am on _____
8. **You will need to arrive at: Rochester Endoscopy and Surgical Center, 1349 S. Rochester Rd, Ste. 150, Rochester, MI 48307. Phone number is: 248-844-3800. Park in the rear of building.**

Thank you for your cooperation and see you soon.

CLEAR LIQUID:

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

- APPLE JUICE
- JELL-O, NO FRUIT-AVOID RED/PURPLE
- BOUILLON/BROTH
- HI-C DRINKS-AVOID RED/PURPLE
- KOOL-AID-AVOID RED/PURPLE
- BLACK COFFEE-NO CREAM
- TEA-NO CREAM
- WATER
- WHITE GRAPE JUICE
- GINGER ALE
- 7-UP
- COLAS
- MOUNTAIN DEW
- SPRITE
- POPCYCLES-AVOID RED/PURPLE

You may have these all day the day prior to the capsule endoscopy

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I CONSENT TO HAVING THE 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.

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 procedure,.

I understand that images and data obtained from my procedure may be used, under complete confidentiality, for education 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 procedure.

Patient's name _____ Signature _____ date _____

DURING CAPSULE ENDOSCOPY-PATIENT INSTRUCTIONS:

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You have just swallowed a capsule pill cam. This sheet contains information 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.

Time of capsule ingestion: _____

1. You may drink clear liquids after 2 hours swallowing the capsule_____.
You may eat a light snack/meal 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 test.
5. Try not to touch the recorder or sensors. Do not remove equipment.
6. Avoid getting the data recorder or sensor wet.
7. You may loosen the belt to allow yourself to go to the restroom. Do not take 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 248-858-3878.
9. You will also need to walk at least 20 to 30 steps every time you check the LED light.
10. Return to 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 2 days. Please call office if you have severe or persistent abdominal pain.

1. Pain: pain is uncommon following capsule endoscopy. Should you feel sharp or persistent pain, please call the office.
2. Nausea: nausea is also very uncommon, if occurs, call office.
3. Diet: you may eat and drink normal. There are no dietary restrictions.
4. Activities: following the exam, you may resume normal activities.
5. Medications: you may resume all medications the next day after test.
6. Further testing: until capsule has passed, no MRI. If you have a MRI scheduled an abdomen xry must be done to confirm the capsule has passed.
7. The capsule passes naturally in a bowel movement. Typically within 24 hours. Most likely, you will be unaware of its passing. Do not retrieve the capsule.