



Small Bowel Video Capsule Endoscopy Miralax Preparation Instructions:

Name: _____

Procedure: Small Bowel Video Capsule Endoscopy .

Physician: _____

Location: 70 North Country Road Suite 101 .
Port Jefferson, NY 11777 .

Date of Procedure: _____/_____/_____

Arrive at: _____ am _____.

Please note: As a courtesy to other patients and to your doctor, please call as soon as possible at (631) 978-7700 if you are unable to keep your appointment.

Small Bowel Capsule Prep

Patient Instructions for Undergoing SB Capsule

Your physician has determined that as part of your medical evaluation you should undergo an examination known as SB capsule endoscopy. This procedure involves ingesting a small (the size of a large vitamin pill) PillCam SB capsule which will pass naturally through your digestive system while taking pictures of the intestine. The images are transmitted to the SensorArray contained in the belt placed around your abdomen. The SensorArray is attached to a Walkman-like Data Recorder which saves all the images. It is located in the recorder holder worn at the waist. After 12 hours, you will remove the equipment and place it in a bag to be returned the following morning before 10 am, so that the images can be downloaded for the Dr. to review and can be recharged for the next person's procedure. The capsule is disposable and will be excreted naturally in your bowel movement; you do not need to retrieve it. In rare cases it will not be excreted naturally, it would then need to be removed either endoscopically or surgically. If you believe the capsule has not passed or you are experiencing abdominal pain which is not usual for you, call the office and an x-ray can determine if the capsule is still retained. Excreting the capsule can take up to 72 hrs. Please follow the instructions below to obtain the best results of this exam.

The Day before Procedure

1. Have a light breakfast and light lunch (ie: ½ sandwich, soup). After lunch, only clear liquids are allowed.
2. At 4 PM mix a bottle of Miralax (**119 grams**) with 32 oz. of clear liquid and drink within one hour. **DO NOT** eat or drink anything after midnight.

Day of Procedure

1. Arrive at our office address, 70 North Country Road, Suite 101, Port Jefferson, NY 11777 (unless told to arrive at our hospital site) at appointed time dressed in loose-fitting two piece clothing. The equipment will be worn over your clothes.
2. There will be pre-procedure discussion and you will be asked to sign consent for this procedure.
3. You will be outfitted with the equipment, ingest the capsule and be on your way.
4. Essential medications such as BP meds may be taken before 6 A.M. with a sip of water.

During the Procedure

1. After ingesting the capsule you will have **nothing to eat or drink for 2 hours, for the next 6 hours** you may have only **clear liquids!** At dinner (time of dinner varies according to the start time of swallowing the capsule about 5 pm) you may return to normal diet. Call the office if you experience abdominal pain, nausea or vomiting that is unusual for you.
2. While you are undergoing this procedure you must avoid any electromagnetic fields such as MRI, ham radios and metal detectors, images can be lost due to such interference.
3. This procedure will last a total of 12 hrs. do not disconnect or remove any of the equipment during this time. Avoid banging of the equipment; please treat it with the utmost care.
4. Avoid strenuous activity and bending as this can damage the leads within the belt.



CLEAR LIQUID DIET

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if cleared liquids are temporarily needed. No red, purple or orange liquids should be consumed.

<u>FOOD GROUP</u>	<u>FOODS ALLOWED</u>	<u>FOODS TO AVOID</u>
Milk and Beverages	Tea Carbonated Beverage Fruit Flavored Drink	Milk, Milk Drinks
Meats and Meat Substitutes	NONE	All
Vegetables	NONE	ALL
Fruit and Fruit Juices	Strained Fruit Juices White Grape, Apple Lemonade	Fruit Juices W/ Unstrained Fruit
Grains & Starched	NONE	ALL
Soups	Clear Broth, Consommé	All Others
Desserts	Clear Flavored Gelatin Popsicles (No red, purple)	All Others
Fats	NONE	ALL
Miscellaneous	Sugar, Honey, Syrup Clear Hard Candy, Salt	All Others
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
White Grape Juice	Apple Juice	Lemonade
Clear Broth	Clear Broth	Clear Broth
Jell-O & Tea	Jell-O & Tea	

*****PLAIN ONLY ---- NO FRUIT TOPPINGS *****