



**Division of Gastroenterology and Hepatology**

<b>Date: ***</b>	<b>Arrival Time: ***</b>
<b>Location: 180 Sawgrass Dr. Ste 230 Rochester NY 14620</b>	

We are pleased that you have chosen UR Medicine for your medical care. Enclosed with this letter you will find the following:

1. **Procedure preparation instructions.** Please review these instructions now to be sure you understand and are able to complete prior to your scheduled appointment. If you should have concerns regarding these instructions or your ability to complete the preparation to its fullest extent, please contact our nursing staff prior to your procedure.
2. **Consent, Cost & Financial Assistance.** There is a sample consent copy available on our website: [www.gastro.urmc.edu](http://www.gastro.urmc.edu). The actual consent form will be reviewed with you on the day of your procedure for your written and/or verbal permission (***For screening colonoscopy, please refer to screening or diagnostic reference for important information regarding coverage and out – of – pocket costs***). If you have any questions on the cost of your procedure, please contact our UR Medicine Cost Estimation line at 585-758-7801.

**Please be advised of our no show or cancellation policy.** We have reserved this time for personal attention to your medical care. If you are unable to keep this appointment please notify us within 5 business days so that we can reschedule your procedure and utilize this time to serve other patients. Please contact us at 585-275-4711 with any questions or concerns.



## PillCam Video Capsule Instructions

Please follow the prep instructions carefully; this is vital to an adequate colon clean out to assure the capsule will capture adequate images for a complete study.

- a. **Pharmacy:** Fill your prescription for **Golytely**

### Day Before Capsule Endoscopy

1. **Start the prescribed liquid diet after lunch.**
  1. You may have a regular breakfast, then **CLEAR LIQUIDS ONLY** from 10 am - 6:00 pm.
  2. At 6 PM begin drinking Golytely- drink 8oz glass every 15 minutes until 4 Liters (all the mixture) has been consumed.
  3. You may **not** have anything to eat or drink **except** Golytely after 6 PM.

### Day of Capsule Endoscopy

1. **Take prescribed medications at least 2 hours** before arriving for the administration of the capsule.
2. **If you are diabetic**, you may take half the dose of insulin and hold oral medications the morning of the procedure. You will resume all medications at your normal dose after the removal of the data recorder (when you resume a regular diet).
3. **Do NOT take iron products for one week prior** to the Capsule Endoscopy.
4. Please **do not eat carrots and tomatoes for 3 days** prior to Capsule Endoscopy.
5. Please **wear upper garment of thin natural fiber such as a T-shirt** that is long enough to reach at least to hip level and will not ride up above the belt.
6. When you arrive at the office for your Capsule Endoscopy, the nurse will discuss the video capsule procedure with you and answer any questions; signed consent will then be obtained.
7. The sensor belt will be placed around your waist over your T-shirt.
8. You will then swallow the Video Capsule with water containing Simethicone (Gas-X).

### After Swallowing the PillCam SB Capsule

1. **You may drink colorless liquids starting 2 hours** after swallowing the PillCam SB capsule.
2. **You may have soft foods 4 hours after ingestion.** After the examination is completed and equipment has been removed, you may return to your normal diet.
3. **Be sure the sensor belt is tight at the waist.** Do not attach anything to it.



4. **Check the blue flashing PillCam recorder every 15 minutes** to be sure it is blinking. If it stops blinking or changes color, note the time and contact your doctor.
5. **Avoid strong electromagnetic fields** such as MRI devices or ham radios after swallowing the capsule and until you pass it in a bowel movement.
6. **Do not disconnect the equipment or completely remove the PillCam recorder** at any time during the procedure.
7. **Treat the PillCam recorder carefully.** Avoid sudden movements and banging of the recorder.

### **After Completing SB Capsule Endoscopy**

Wear your equipment for **12 hours**. At the end of the capsule endoscopy procedure, do the following:

1. Remove the sensor belt and the PillCam recorder and keep in a safe place.
2. Return all the equipment to your doctor's office as soon as possible. Handle the PillCam recorder and other equipment carefully without exposing them to shock, vibration, cold or direct sunlight.

*If you are not sure that the capsule has passed out of your body and you develop unexplained nausea, abdominal pain or vomiting, contact your doctor for evaluation and possible Abdominal X-ray will be ordered.*

*Undergoing an MRI while the PillCam capsule is inside your body may result in damage to your intestinal tract or abdominal cavity. If you are not certain the capsule is out of your body, contact your physician for evaluation and possible abdominal X-ray before undergoing an MRI examination.*

*Contact your doctor's office immediately if you suffer from any abdominal pain, nausea or vomiting during the procedure.*

\*You may expect your capsule will be read and finalized within 7-10 days. If you do not hear from our office in 2 weeks, please call 275-4711.