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CAPSULE ENDOSCOPY

- Today's Date: _____
- Patient's Name: _____
- Date Of Birth: _____
- Date of Colonoscopy: _____
- Date of Endoscopy: _____
- Does the patient have a pacemaker: _____
- Pre-cert or referral number: _____
- Insurance verified: _____
- ICD10 Code: _____
- Indication on Notes: _____
- Performed by: _____



Dr. Jigneshkumar B. Patel, M.D.

Board Certified Gastroenterologist

INFORMED CONSENT FOR CAPSULE ENDOSCOPY

Capsule endoscopy is an endoscopy exam of the small intestine (duodenum, jejunum, and ileum). It is NOT intended to examine the esophagus, stomach, or colon. It does NOT replace upper endoscopy or colonoscopy. Below is a discussion of the more common complications that can occur, recognizing that not all complications can be anticipated.

I understand that there are risks associated with any endoscopic examination, such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery. With capsule endoscopy there is also a remote risk of capsule ASPIRATION, (capsule going into the passageway leading to the lungs), which would require emergent intervention.

I am aware that I should avoid MRI machines and any metal detective devices during and until the capsule passes following the exam.

I understand that due to variations in a patient's intestinal 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 capsules procedure.

I understand there is a small risk of missing a significant finding by physician interpreting the data.

I understand alternatives to capsule endoscopy include small bowel follow-through x-ray or small bowel enteroscopy with or without surgery. I may also choose not to undergo any further medical studies.

I acknowledge that Dr. Patel has explained to me the procedure and its risk, along with alternative forms of diagnosis and treatment, including non-treatment.

I attest that I have read or had read to me this consent form. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

I CONSENT TO HAVING CAPSULE ENDOSCOPY.

_____ / / _____



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CAPSULE ENDOSCOPY PREP WITH MIRALAX

Capsule Date and Time: _____

Follow up Visit: _____

One week before your Capsule Endoscopy Appointment:

Stop taking Iron Products. You may continue all other medications including anticoagulants (medications that slow the clotting of your blood) and including your daily vitamins.

One day before your capsule appointment:

Start a clear liquid diet at breakfast. Please do not drink anything red. Clear liquid diet suggestions:

- Green Tea
- Beef/Chicken Broth
- Jell-O (no red, purple, blue or green colors)
- Lemon Drink w/out pulp
- Clear soda (Sprite, etc.)
- Orange juice w/out pulp
- Apple Juice
- Popsicles (no dark colors)
- White Grape Juice
- Crystal Light (no red)

If you are a diabetic, please discuss the dosing of your diabetic medications with the physician that monitors your diabetic. Most diabetic patients are comfortable with taking ½ of their diabetic medications the day before their procedure and none the morning of their procedure.

The day before your Appointment:

- Take 34gram bottle of Miralax at 12 noon with clear liquid and another 34gram bottle of Miralax at 6pm
- Nothing to drink after midnight or morning before the procedure



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The morning of your procedure:

- Take your medication before 7am with only a sip of water. It is important that you take critical medication several hours before your capsule endoscopy.
- Your capsule endoscopy procedure will only take 15 minutes.
- Two hours after ingesting the capsule, you will be permitted to have clear liquids.
- Four hours after ingesting the capsule, you can have a light snack.
- After the snack you can return to clear liquids only.
- Your regular diet can resume after the test is finished.
- Wear a light cotton shirt (e.g. a t-shirt). The sensor belt will be placed over your clothing to wear for the day.

About your capsule procedure:

- When you arrive for your capsule endoscopy appointment a sensor belt will be placed around your waist and a data recorder will record the images
- You will need to wear the equipment for eight hours. **DO NOT** remove the sensor belt or data recorder at any time during the test. The equipment will be removed when you return to the office
- After ingesting the capsule –and until it is excreted- you should avoid being near any source of any powerful electromagnetic field, such as MRI or portable radios, laptop
- During the test, try and avoid any strenuous physical activity. **DO NOT** bend, lay flat or stoop during the test
- If you experience any nausea, vomiting or abdominal pain during the test contact the office
- The capsule is disposable and will be excreted naturally in your bowel movement
- Should the capsule not be viewed in the large bowel by the end of the study, you may be asked to have an abdominal x-ray to ensure the capsule has passed
- Final results will be available at follow up appointment

Feel free to contact us at 727-372-4500 with any questions or concerns. Thank you.