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PREP FOR SMALL BOWEL CAPSULE

1. THE **DAY BEFORE** YOU'RE TEST YOU MAY EAT A LIGHT BREAKFAST, AND THEN **ONLY** CLEAR LIQUIDS. THIS INCLUDES: JELLO, BROTH, SODA TEA, COFFEE AND JUICES WITHOUT PULP. **DO NOT** EAT OR DRINK ANYTHING CONTAINING RED DYE.
2. YOU MAY HAVE **CLEAR LIQUIDS ONLY** UP TO MIDNIGHT THE NIGHT BEFORE YOUR TEST.
3. **FOR MALES:** ON THE DAY PRIOR TO THE CAPSULE ENDOSCOPY, SHAVE YOUR ABDOMEN 6 INCHES ABOVE AND BELOW THE NAVEL. THIS IS TO PREVENT ANY DISCOMFORT WHEN THE SENSOR ARRAYS ARE REMOVED.
4. THE SENSOR ARRAY WILL BE APPLIED TO YOUR ABDOMEN WITH ADHESIVE PADS AND WILL BE CONNECTED TO THE DATA RECORDER, WHICH YOU WILL WEAR IN A BELT AROUND YOUR WAIST. AFTER THAT YOU WILL BE INSTRUCTED TO INGEST THE PILL CAM.
5. AFTER INGESTING THE PILL CAM, DO NOT EAT OR DRINK FOR AT LEAST 2 HOURS. AT THAT TIME YOU MAY HAVE **ONLY** CLEAR LIQUIDS. YOU MAY ALSO TAKE YOUR MEDICATIONS AT THIS TIME.
6. THE CAPSULE ENDOSCOPY WILL LAST 8 HOURS. DURING THE CAPSULE ENDOSCOPY TRY TO AVOID ANY STRENUOUS PHYSICAL ACTIVITY.
 - **DO NOT** BEND OR STOOP DURING THE CAPSULE ENDOSCOPY.
 - **DO NOT** REMOVE THE BELT AT ANY TIME DURING THIS PERIOD. YOU MAY LOOSEN THE BELT TO ALLOW YOURSELF TO GO TO THE BATHROOM. YOU MAY WALK, SIT, AND LAY DOWN. YOU ARE ALSO ABLE TO DRIVE YOUR VEHICLE.
 - **DO NOT** TOUCH THE RECORDER OR THE SENSOR ARRAY LEADS.
 - **DO NOT** REMOVE THE SENSOR ARRAY LEADS.
 - **AVOID** GETTING THE DATA RECORDER OR SENSOR ARRAY LEADS WET AT ANYTIME. SINCE THE DATA RECORDER IS ACTUALLY A SMALL COMPUTER. IT SHOULD BE TREATED WITH THE UTMOST CARE AND PROTECTION. AVOID SUDDEN MOVEMENT AND BANGING OF THE DATA RECORDER.
7. EVERY 15 MINUTES DURING THE CAPSULE ENDOSCOPY YOU WILL NEED TO VERIFY THAT THE SMALL GREEN LIGHT ON TOP OF THE RECORDER IS BLINKING. IF FOR SOME REASON IT STOPS, PLEASE RECORD THE TIME AND CONTACT THE OFFICE ALSO RECORD THE TIME AND NATURE OF ANY EVENT SUCH AS DRINKING AND UNUSUAL SENSATIONS. RECORD THIS ON YOUR DATA SHEET GIVEN TO YOU IN YOUR PACKET OF INFORMATION.
8. **AFTER INGESTION THE PILL CAM AND UNTIL IT IS EXCRETED, YOU SHOULD NOT BE NEAR ANY SOURCE OF POWERFUL ELECTROMAGNETIC FIELDS SUCH AS ONE CREATED BY AN MRI.**
9. AT THE END OF 8 HOURS. THE DATA RECORDER, RECORDER BELT, AND SENSOR ARRAY WILL BE REMOVED. YOU WILL BE INSTRUCTED WHEN TO RETURN TO THE OFFICE TO DO THIS.
10. PLEASE SIGN **ALL** CONSENT FORMS AND BILLING INFORMATION AND RETURN IT TO THE OFFICE UPON ARRIVAL OF YOUR TEST.

YOUR TEST IS SCHEDULED ON _____ **AT** _____ **A.M.**
GASTROENTEROLOGY • GASTROINTESTINAL ENDOSCOPY • DISEASES OF THE LIVER

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