

Dr Steven Ingle MD

**CAPSULE ENDOSCOPY**  
**MIRALAX-GATORADE PREPARATION**

**PLEASE PURCHASE AT THE PHARMACY**

- 2 Dulcolax **laxative tablets.**
- One 238 or 255 gram bottle of Miralax.
- One 64oz or two 32oz of Gatorade, Lime or Lemon flavored only.

**ONE DAY BEFORE PROCEDURE:**

- You **MUST** be on a clear liquid diet all day. A clear liquid diet consists of:
  - \*Water
  - \*Strained fruit juices
  - \*Jell-O and popsicles
  - \*Coffee and Tea
  - \*Carbonated Beverages
  - \*Hard Candy
  - \*Chicken or Beef broth.

***NO SOLID FOODS, NO MILK, CREAM OR DAIRY. NO RED, PURPLE, OR ORANGE FOOD COLORING.***

1. At 10:00am take the 2 Dulcolax tablets.
2. At 5:00pm mix all 238 or 255 grams of MiraLax into the Gatorade. Shake the solution until the MiraLax is dissolved. Drink an 8oz of glass every 10-15 minutes until the solution is gone.
3. You may continue on your clear liquid diet until midnight.

**THE DAY OF YOUR PROCEDURE:**

**\*Do not take any medication 2 hours before having the exam.**

- Take your blood pressure or heart medication with small amount of water.
- If you are diabetic, do a blood glucose test.
- **NOTHING ELSE BY MOUTH UNTIL AFTER YOUR PROCEDURE.**

If you have any questions or concerns, please call: 907-276-2811, Monday-Friday, 8:00am-4:00pm.

**AFTER CAPSULE INGESTION**

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

1. **You may drink colorless liquids starting 4 hours** after swallowing the PillCam SB Capsule.
2. **Avoid strong electromagnetic fields** such as MRI devices or ham radios after swallowing the capsule and until you pass it in a bowel movement.

### **AFTER COMPLETION OF CAPSULE ENDOSCOPY**

1. Make sure to review and follow CapsoRetrieve Instruction included in the Kit provided by our office
2. Resume your normal diet 8 hrs following capsule ingestion
3. Images will be reviewed by your doctor, and results should be available within 1 week.

-If you are not sure that the capsule has passed, and you develop unexplained nausea, abdominal pain or vomiting, contact your Doctor for evaluation.

-Undergoing a 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 has passed out of your body, contact your Physician for evaluation and possible abdominal x-ray before under going an MRI examination.

## CAPSULE ENDOSCOPY CONSENT FORM

**Geronimo Sahagun, MD**

Internal Medicine Associates, LLC  
2841 DeBarr Road Suite 50 Anchorage,  
AK 99508

Phone: (907) 276-2811

Fax: (907) 276-2810

Capsule Endoscopy is an endoscopic exam of the small intestine. A miniature battery operated camera housed in a capsule is swallowed and takes pictures of the inside of your small intestine. It is not intended to examine the esophagus, stomach, or colon.

I understand there are risks associated with any endoscopic examination, such as bowel obstruction (blockage of your intestine). An obstruction may require immediate surgery. Although this is a relatively new procedure, overall the nationwide complication rate is less than 1%.

I am aware that I should avoid x-rays, MRI, and CT machines during the procedure and until the capsule passes following the exam. Contraindications include patients with swallowing disorders and nerve stimulators.

I understand that due to variations in patient's intestinal motility, (spontaneous movement within the digestive tract) 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 could result in the need to repeat capsule procedure. Additionally, poor preparation of the colon can result inadequate images and the need to repeat the procedure with increased colon preparation.

Other risks include equipment malfunction with the capsule, data recorder, sensor array or sensor belt, which could result in an incomplete test and the need to repeat the procedure.

I understand that images and data obtained from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in the future.

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 examination.

I consent to having Capsule Endoscopy performed by Dr. \_\_\_\_\_.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Capsule Administered by: \_\_\_\_\_

Date: \_\_\_\_\_