Patient Name: _____

Patient DOB: _____/_____/_____

Location: 2900 Whipple Ave Ste 245 Redwood City, CA 94062

Procedure Date/Time: _____ Check In: _____

□ **JAMES D. TOROSIS, M.D.**

□ **VICKY W. YANG, M.D.**

□ **DANIEL S. RENGSTORFF, M.D.**

□ **CYNTHIA W. LEUNG, M.D.**

□ **MADHURI BADRINATH, M.D.**

Capsule Endoscopy Preparation Instructions

5 DAYS BEFORE THE PROCEDURE

Stop taking any iron supplements. At the pharmacy, purchase a small bottle of Mylicon liquid (40mg/0.6mL) and pick up the prescription for your laxative solution.

2 DAYS BEFORE THE PROCEDURE

Prepare your laxative solution, following the instructions on the gallon container. Place in the refrigerator overnight to chill.

1 DAY BEFORE THE PROCEDURE

Please abstain from smoking for 24 hours prior to the procedure. Smoking interferes with the movement of the capsule through the intestine.

> ***At 12:00 PM (noon)***, begin “Clear Liquid Diet”. You may not have any solid foods after this time. Clear liquids include clear juice, tea, Jello, broth, coffee without cream – anything you can see your fingers through. Avoid red or purple colors please!
>
> ***At 7:00PM***, begin drinking only 2 liters of the laxative solution over 2 hours. This is about 8oz every 15 minutes. Save the remaining solution in the fridge for the next morning.
>
> ***After 12:00 AM (midnight)***, you may not have anything to eat or drink.

THE DAY OF THE PROCEDURE

Please arrive dressed in a dark-colored, cotton t-shirt and do not use lotions or creams on your abdomen or lower chest.

> ***2 hours prior to procedure***, drink 1 more liter of laxative solution.
>
> ***30 minutes prior to procedure***, drink 10cc (2 teaspoons) of Mylicon liquid (40mg/0.6mL) mixed with 8 ounces of water.

Plan to return the equipment about 8 hours after you swallow the capsule. Detailed instructions will be given to you the day of your test. Please call our office at (650) 365-3700 if you have any other questions.

Patient Name: _____ □ **JAMES D. TOROSIS, M.D.**

Patient DOB: _____/_____/_____ □ **VICKY W. YANG, M.D.**

Location: 2900 Whipple Ave Ste 245 Redwood City, CA 94062 □ **DANIEL S. RENGSTORFF, M.D.**

Procedure Date/Time: _____ Check In: _____ □ **CYNTHIA W. LEUNG, M.D.**

□ **MADHURI BADRINATH, M.D.**

Capsule Endoscopy Observation Instructions

You have just swallowed a capsule endoscope. This sheet contains information about what to expect over the next 8 hours. Please call the Peninsula GI office at (650) 365-3700 if you have severe or persistent chest pain, abdominal pain, fever, difficulty swallowing or if you have any questions.

Time of Capsule Ingestion _____

- You may drink clear liquids 2 hours after swallowing the capsule. _____
- You may eat a light meal 4 hours after swallowing the capsule. You may also take your medications at this time. _____
- **YOU MAY NOT…**
  - Exercise or lift heavy objects
  - Lie down for extended periods of time
  - Go near MRI machines and radio transmitters
  - Stand next to another patient undergoing a capsule endoscopy
- **YOU MAY…**
  - Walk and sit upright
  - Drive a car
  - Return to work (if you are able to avoid unsuitable environments and physical movement)
  - Use computers, stereos, and mobile phones
- Try not to touch the recorder, sensor belt, or sensor leads (depending on which one you have). Do not remove the sensor belt or sensor leads. Do not let the sensor belt or leads get wet.
- Observe the LED light on the data recorder at least every 15 minutes. If the light stops blinking, document the time and call the Atherton Endoscopy Center.

Return to the Peninsula GI office at _____ to have the equipment removed.