

Rochester Gastroenterology Associates
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Prasad Penmetsa, M.D., M.R.C.P.
Surinder Devgun, M.D.
Beverly Strohm, P.A.-C.

LINDEN OAKS MEDICAL CAMPUS – 10 HAGEN DRIVE, STE#100, ROCHESTER, NY 14625 PHONE #267-4040

Name _____ Date of Birth _____

Primary Physician _____ Gastro/Additional Physicians _____

Date of Procedure _____ Arrival Time _____ (Approx.) Return Time _____

General Patient Instructions for Capsule Endoscopy

Your physician has determined that as part of your medical evaluation, you should undergo a procedure known as Capsule Endoscopy. This procedure involves ingesting a small Given Imaging M2A Capsule, which will pass naturally through your digestive system while taking pictures of your intestines. The images are transmitted to the Sensor Array, which is placed on your abdomen. This is then attached to a Walkman-like Given Data Recorder, which saves the images. The M2A Capsule is disposable and will be excreted naturally in your bowel movement.

GENERAL INFORMATION

1. Capsule Endoscopy is contraindicated in patients with bowel obstruction, bowel stricture, swallowing disorder, pregnancy, and in patients with pacemaker or defibrillator.
2. Do not have an MRI during Capsule Endoscopy, or until Capsule is excreted.
3. Do NOT take Iron or Iron products for ONE (1) WEEK PRIOR TO PROCEDURE.
4. Do NOT take antacids (Mylanta, Maalox, Tums) for 48 HOURS PRIOR TO PROCEDURE.
5. Do NOT take vitamins, Asacol, or Pentasa FIVE (5) DAYS PRIOR TO PROCEDURE.

DAY BEFORE PROCEDURE:

1. After lunch, ON THE DAY BEFORE YOUR EXAMINATION, start a liquid diet. After a your liquid dinner, the evening before your procedure, do not eat OR DRINK except for necessary medications with a sip of water. If you are a diabetic, maintain a clear liquid diet for 24 hours prior to the examination.
Clear liquids include water, 7-Up, apple juice, Jello (NO RED, BLUE OR PURPLE COLORS ALLOWED), chicken and beef broths, coffee and tea (BUT NO MILK OR POWDERED CREAMERS ALLOWED)
2. Patients with hair on their abdomens should shave 6 inches above and below the belly button the evening before the exam.
3. You need to take 10 oz CITRATE OF MAGNESIA the evening before your examination. This is available at your pharmacy in the Laxative Section (No prescription is needed).

DAY OF PROCEDURE:

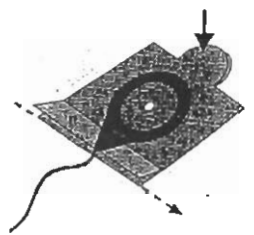
1. DO NOT take any medications two (2) HOURS prior to your procedure.
2. You must arrive at the office at the prescribed time dressed in LOOSE FITTING, TWO PIECE CLOTHING (example:sweat pants/shirt).
3. DO NOT wear an underwire bra on the day of the procedure.
4. The Sensor Array will be applied to your abdomen and will connected to the Data Recorder which you will wear on a belt around your waist.
5. Bring with you to the procedure this packet of instructions and the signed consent form (If you have any questions or concerns please bring consent with you unsigned and these can be addressed at the time of your visit).
6. You will be given further instructions on the Capsule Endoscopy upon arrival to the doctor's office (Address and phone number noted at top of instructions).
7. You do NOT need someone to drive you home from the procedure, as there is no need to be medicated prior.

PLEASE BRING THIS FORM WITH YOU ON THE DAY OF YOUR PROCEDURE

After completing SB Capsule Endoscopy

- You will be instructed by your physician on how to return the equipment at the end of SB capsule endoscopy. If you were instructed to remove the equipment by yourself, do the following: (a) Disconnect the SensorArray from the DataRecorder; (b) Take off the RecorderBelt (with the DataRecorder and Battery Pack); (c) Disconnect the Battery Pack from the DataRecorder (d) Place DataRecorder and Battery Pack in a safe place. To remove the SensorArray from your abdomen, do not pull the leads of the SensorArray! Peel off each adhesive sleeve starting with the non-adhesive tab without removing the sensor from the adhesive sleeve. Place the SensorArray with the rest of the equipment. The attending physician will use the data from the examination for the medical evaluation.
- The DataRecorder stores the images of your examination. Handle the DataRecorder, RecorderBelt, SensorArray and Battery Pack carefully. Do not expose them to shock, vibration or direct sunlight, which may result in loss of information. Return all of the equipment to your physician's office as soon as possible.
- If you did not positively verify the excretion of the PillCam SB capsule from your body, and you develop unexplained post procedure nausea, abdominal pain or vomiting, contact your physician for evaluation and possible abdominal X-ray examination.
- Undergoing an MRI while the capsule is inside your body may result in serious damage to your intestinal tract or abdominal cavity. If you did not positively verify the excretion of the PillCam SB capsule from your body, you should contact your physician for evaluation and possible abdominal X-ray before undergoing an MRI examination.

Non-Adhesive Tab



Adhesive Sleeve

SB Capsule Endoscopy Event Form

Patient Name		ID No:	
Time	Event (eating, drinking, activity and unusual sensations)		
	PillCam SB capsule ingestion		

Who to call in case of need:	Time to return to facility:
	Special Instructions:



RGA

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Consent Form

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I CONSENT TO HAVING CAPSULE ENDOSCOPY.

Capsule endoscopy is a new endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach, or colon. It does not replace an upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination, such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in the 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 capsule procedure.

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

I understand the procedure and its risks to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

I authorize _____ / _____
to perform the capsule endoscopy.

1561 Long Pond Rd.,
Suite #308
Rochester, NY 14626
Tel: # (585) 227-1080
Fax: # (585) 723-7709

10 Hagen Dr.,
Suite #100
Rochester, NY 14625
Tel: # (585) 267-4040
Fax: # (585) 267-4044

_____ Patient's Name / Patient Representative (PLEASE PRINT)	_____ Patient's Signature / Patient Representative Signature	_____ Date
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In presence of: Spouse _____ Companion _____
 Parent _____ Patient Alone _____
 Other _____