

Capsule Endoscopy

Instructions & Consent — Please Read Carefully Before Signing

Patient Name: _____ Date of Birth: _____ Date of Procedure: _____

About Your Capsule Endoscopy

Capsule endoscopy is a procedure in which you swallow a small, pill-sized camera that takes pictures of your digestive tract as it travels through. The capsule sends these images wirelessly to a small recorder you wear on your body, typically around your waist or chest, allowing Dr. Sikavi to examine areas of your gastrointestinal (GI) tract that aren't easily reached by other methods such as traditional endoscopy or colonoscopy.

The procedure is usually completed in a few hours, does not require sedation, and the capsule itself is disposable — it will pass naturally out of your body in your stool, typically within 1–2 days.

Please read this form carefully. It explains the procedure, its risks, benefits, and alternatives, so you can make an informed decision. If you have any questions, please ask Dr. Sikavi before signing.

Why This Procedure Is Used

- Unexplained gastrointestinal bleeding
- Crohn's disease or other inflammatory bowel diseases
- Suspected tumors or polyps in the small intestine
- Celiac disease or other gastrointestinal disorders

Potential Benefits

- Provides high-quality images of areas of the GI tract that are difficult to examine with traditional endoscopic techniques
- Minimally invasive and does not require sedation
- Can help diagnose conditions that might not be visible through conventional imaging

The Day Before Your Procedure

Starting at **12:00 PM (noon) the day before** your procedure, please follow a clear liquid diet — don't eat any solid food from that point until your capsule endoscopy is complete. The chart below shows examples of what's allowed and what to avoid.

A simple rule of thumb: if you can see through it, and it isn't red, orange, or purple, it's generally a safe clear liquid.

YES — OK to Have	NO — Avoid These
• Water • Tea and black coffee, without milk, cream, or creamer • Flavored water, without red or purple dye • Clear, light-colored juices — apple, white grape, lemonade without pulp, white cranberry • Clear broth — chicken, beef, or vegetable • Soda • Sports drinks such as Gatorade or Propel (light colors only) • Popsicles without fruit or cream, and without red or purple dye • Jell-O or other gelatin without fruit, and without red or purple dye • Boost Breeze or a similar clear protein/nutrition drink	• Alcoholic beverages • Milk • Smoothies • Milkshakes • Cream • Orange juice • Grapefruit juice • Tomato juice • Soup (other than clear broth) • Cooked cereal • Any juice, popsicle, or gelatin with red or purple dye

Why avoid red, orange, or purple? These colors can look like blood in the images the capsule captures, which can be mistaken for bleeding. Sticking to light or clear colors helps Dr. Sikavi get an accurate view.

If you have any questions about whether something counts as a clear liquid, please contact our office — we're happy to help.

Bowel Preparation — Magnesium Citrate

- **Purchase one 10 oz bottle of Magnesium Citrate** (lemon-lime or orange flavor — no red). Available over the counter; no prescription needed. Chilling it ahead of time can help the taste.
- **At 6:00 PM the evening before your procedure**, drink the entire 10 oz bottle.
- **Immediately afterward**, drink at least 2–3 more eight-ounce glasses of clear liquids, and continue drinking clear liquids until 10:00 PM.
- The laxative effect can begin within 1–4 hours — please plan to stay near a bathroom during this time.
- **After 10:00 PM, do not drink anything else** — not even clear liquids — until your procedure.
- **Medications:** take your regularly scheduled medications either more than 2 hours before or more than 2 hours after your dose of magnesium citrate, so they have time to absorb before the laxative effect begins.

The Morning of Your Procedure

- Do not eat any breakfast, and do not drink any liquids — your stomach must be empty for the capsule to move through properly
- Do not take any of your usual medications the morning of the exam
- Wear loose-fitting, two-piece clothing so the sensor belt and recorder can be worn comfortably
- Arrive at our office at your scheduled time

Risks & Possible Complications

While capsule endoscopy is generally safe, there are some risks associated with the procedure, including:

- **Capsule retention:** in rare cases, the capsule may become stuck in the GI tract, leading to discomfort or the need for further treatment (such as surgery or endoscopy) to remove it
- **Bowel obstruction:** in some instances, the capsule may cause a blockage, particularly if you have a known narrowing of the intestines
- **Discomfort or nausea:** you may experience minor discomfort, bloating, or nausea after swallowing the capsule
- **Infection:** although extremely rare, there may be a small risk of infection at the site where the recording device is worn

Contact our office immediately if you experience any of the following:

- Severe abdominal pain
- Vomiting, or inability to keep down food or liquids
- Inability to pass stool or gas
- Severe bloating or discomfort

Alternatives to Capsule Endoscopy

- Traditional endoscopy (upper and/or lower)
- CT or MR enterography (imaging studies)
- X-ray or ultrasound

After You Swallow the Capsule

- **2 hours after swallowing the capsule,** you may have clear liquids
- **4 hours after swallowing the capsule,** you may have a light meal
- You may return to normal activities after swallowing the capsule, but avoid vigorous exercise or activities that could cause the recording device to dislodge
- You'll wear the external recording device for several hours while the capsule captures images; our team will give you specific instructions on caring for the device
- Once the procedure is complete, you may be asked to return to our office to remove the recording device
- The capsule will pass naturally out of your body, typically within 1–2 days

Consent Statement

I, the undersigned patient, have read and understood the information provided above about capsule endoscopy. I understand the potential risks, benefits, and alternatives, and have had the opportunity to ask questions and discuss my concerns with my physician.

I consent to undergo capsule endoscopy and agree to follow the pre-procedure and post-procedure instructions as provided.

I understand that no procedure is without risk, and I agree to notify my healthcare provider immediately if I experience any concerning symptoms during or after the procedure.

By signing this form, I acknowledge that I have been informed of the nature of the procedure and consent to its performance.

Patient Signature:

Date:

Physician Name:

Physician Signature:

Date:

This form supports your personalized care plan and isn't a substitute for individualized medical advice. Contact our office with any questions before your procedure.

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