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Capsule Endoscopy

You Are Scheduled for a Capsule Endoscopy on _____ at _____

Please follow attached instructions.

We will bill your insurance for the Capsule Endoscopy. If you go to the hospital they will bill you separately for the facility. If not covered you will be responsible for services rendered.

As a courtesy we check authorization eligibility and benefits; however, it is not a guarantee of payment.

ULTIMATELY IT IS THE PATIENT'S RESPONSIBILITY TO KNOW THEIR BENEFITS.

WHEN CALLING YOUR INSURANCE COMPANY, TO CHECK YOUR BENEFITS, GIVE THEM THE CPT CODE FOR A CAPSULE ENDOSCOPY #91110

If you have any questions regarding the above please call our office at (925) 831-9200

Patient Instructions for PillCam® Small Bowel Capsule Endoscopy With the Sensor Belt

Patient: _____

Examination Date: _____

To ensure the best results for your PillCam capsule endoscopy of the small bowel, follow your doctor's instructions carefully and completely.

One week before Capsule Endoscopy

- 1. Stop all iron supplements** and vitamins containing iron.

Day Before Capsule Endoscopy

- 1. Purchase one 10oz. bottle lemon flavor Magnesium Citrate Soda.**
(Found in the laxative section of your pharmacy.)
- 2. Start clear liquid diet after breakfast.**
- 3. Around 7:00 PM** drink the 10oz bottle of lemon flavor Magnesium Citrate Soda. To avoid dehydration, drink ample amounts of clear liquids.
- 4. Stop all liquids** 6 hours before your capsule endoscopy, except a sip of water for necessary medication.

Day of Capsule Endoscopy

- 1. Do not take any medication** 2 hours before having the exam.
- 2. Wear upper garment of thin, natural fiber** such as a T-shirt that is long enough to reach at least to hip level and will not ride up above the belt.
- 3. Arrive for your appointment at the schedule time:** _____

After Swallowing the PillCam SB Capsule

The capsule endoscopy procedure will last approximately 8-9 hours.

! 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. After the examination is completed, you may return to your normal diet.
3. **Be sure the Sensor Belt is tight at the waist.** Do not attach anything to it.
4. **Check the blue flashing Data Recorder light every 15 minutes** to be sure it is blinking twice per second. If it stops blinking or changes color, note the time and contact your doctor.
5. **Use the supplied *Capsule Endoscopy Event Form*, to note the time of any event** such as drinking or a change in your activity.
Return the completed *Event Form* to your doctor at the time you return the equipment.
6. **Avoid strong electromagnetic fields** such as MRI devices or ham radios after swallowing the capsule and until you pass it in a bowel movement.
7. **Do not disconnect the equipment or completely remove the Data Recorder** at any time during the procedure.
8. **Treat the Data Recorder carefully.** Avoid sudden movements and banging of the Data Recorder.

After Completing SB Capsule Endoscopy

Return to the doctor's office at the scheduled time to have the equipment removed.

Or: If instructed to remove the equipment at the end of the capsule endoscopy procedure, do the following:

1. Remove the Sensor Belt and the Data Recorder and keep in a safe place.
2. Return all the equipment to your doctor's office as soon as possible. Handle the Data Recorder and other equipment carefully without

exposing them to shock, vibration or direct sunlight.

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

Undergoing an 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 is out of your body, contact your physician for evaluation and possible abdominal X-ray before undergoing an MRI examination.

Capsule Endoscopy Event Form Patient

Name: _____ **ID No:** _____

Time _____ **Event (eating, drinking, activity and unusual sensations)**
PillCam capsule ingestion

Time to return to facility: _____

Special Instructions: Once the equipment has been removed, you can resume your normal diet.

Contact our office in case of need: David H.Y. Lin, M.D. 831-9200