

INSTRUCTIONS: CAPSULE ENDOSCOPY for PEDIATRICS

PRECAUTIONS: Notify your physician prior to the exam if you have any of the following.

1. Pacemaker
2. A suspected stricture or narrowing of the esophagus or bowel
3. Any swallowing disorders

If your child cannot swallow the pill camera, we will perform an endoscopy and place the activated camera in the small bowel. This will involve an 8 minute endoscopy under sedation.

PRIOR TO STUDY

1. Stop all iron supplements 1 week prior to exam
2. The day before your exam patient may have
 - a. A normal breakfast in the morning
 - b. A full liquid diet from lunch until 7pm – milk, Ensure, cream soups, etc.
3. **Do not eat or drink after 7pm the day prior to the exam**
4. Do not take medications the day of the exam unless seizure meds
5. Avoid HAMM radios the day of the exam
6. Avoid MRI machines until you know the capsule has been passed

DURING THE STUDY:

1. **Fill the prescription for Reglan & bring pill with you to take immediately after swallowing the pill capsule to speed emptying from stomach.**
2. Avoid red liquids and coffee products for the first 6 hours of the test
3. Two hours after swallowing the capsule, you may have clear liquids.
4. Four hours after swallowing the capsule you may have a light lunch and take oral medications
5. Six hours after swallowing the capsule you may resume a normal diet
6. Check and verify every 15 minutes that the blue light on the top of the data recorder is blinking twice per second. If it stops blinking, record the time and contact the GI department at:
(206) 386-2015
7. Return to the Gastroenterology Unit in the Arnold Building, 5th floor, at _____ PM to have the leads removed. If you are returning after 5 PM, then leave in the 8th floor PICU hospital with the charge nurse. Their number is **206-215-3155**.

PATIENT OBSERVATIONS:

1. The capsule will pass in the stool between 4 hours to 3 days after swallowing the capsule
2. If you do not see the capsule pass within 4 days please contact your physician
3. No MRI's for the patient for 2 weeks

I have reviewed these discharge instructions, understand & accept them before starting procedure.

Parent/Guardian Signature:

Home phone

Cell phone number

Date: