

Small Bowel PillCam Capsule Endoscopy Test Instructions

Date: _____ **Time:** _____ **Location:** St. Francis Hospital 2nd Floor Suite 202

Day of your test:

1. No lotion, powder, or topicals can be applied to the chest or abdomen on the day of the procedure
2. You may take your anti-seizure, GERD/reflux, blood pressure, and heart medications with a sip of water the morning of your test, up to 2 hours before the test
3. Do not take any long-acting insulin the night before the procedure and do not take any insulin or diabetic medications the morning of the procedure.
4. **No oral intake of any kind for at least 2 hours before your test**
5. Dress in loose, two-piece clothing with a shirt that buttons down the front

After ingesting the capsule:

1. You may drink clear, colorless liquids starting 2 hours after you have ingested the capsule
2. You may eat a light snack 4 hours after you ingested the capsule
3. Keep the SensorArray recorder belt tight at your waist and don't attach anything to it
4. Check the blue flashing data recorder every 15 minutes to ensure it is blinking twice per second. If it stops blinking or changes color, note the time and call your doctor.
5. Use the supplied Event Form to note the time of any event(s) such as, eating, drinking, activity changes, etc. This will be returned to the test facility with your data recorder and recorder belt.

Follow-Up for this test:

1. 12 hours after the test you will need to return the SensorArray data recorder and recorder belt to the department where it was placed.
2. You may resume your regular diet after you return the data recorder
3. Be sure to avoid MRIs and strong magnetic fields until after you have passed the capsule in your stools
4. PillCam endoscopic capsules are disposable and may be flushed down the toilet after they are passed

When to call your doctor:

1. If you experience abdominal pain, nausea, or vomiting during the test period
2. The blue flashing light on the data recorder has stopped blinking or changed colors

When to return the data recorder and recorder belt:

Date: _____ **Time:** _____ **Location:** Same as test was conducted/started