CAULFIELD ENDOSCOPY
544 Hawthorn Rd
Caulfield South VIC 3162
Ph: 03 9595 6666 Fax: 03 9595 6611

Patient Information

Appointment for Pill Camera

Dear _____

You have been booked for a **PILL CAMERA** procedure:

Where: Ground Floor, 544 Hawthorn Road, Caulfield South.

Date: _____

Time: 9am (please be on time)

This appointment only takes 15-20 minutes after which you may leave the clinic and return home or to work. You then need to return to the clinic 8 hours later to have the equipment removed, please return at: 5pm

To ensure that this procedure is effective it is important that you follow these instructions:

- If you are taking **Iron tablets** you must **cease these for at least 4 days** prior to your Pill Camera booking.
- On the **day before** your Pill Camera booking eat and drink normally until after you have lunch at 12.30 – 1pm.
- After lunch do not have eat any solids or milk products. You may drink **clear** fluids ONLY (water, lemonade, clear broth, clear apple juice, black tea or coffee).
- **At 7pm** please add sachet of ***Picoprep*** to a glassful of water (approx 250ml) or ***Glycoprep*** to a litre of water. Stir and drink mixture. Taking the prep will clear out the bowel, which will allow for optimal viewing conditions of your small bowel.
- From **midnight** you must then fast completely, no food or fluids of any kind.
- On the **morning of** your Pill Camera booking please continue to fast completely, **you can take your morning tablets with a sip of water.**
- **On the day of your test** you must remain fasting for 2 hours after you swallow the pill camera. Then you may drink clear fluids. Four hours after swallowing the pill camera you may eat a light lunch (eg a meat & salad sandwich or a salad with cheese). You can also take your medication. The Nursing staff will discuss this with you when you come for your appointment.
- When swallowing the pill the water will contain Simethicone. The Simethicone helps break up gas bubbles in the gut, giving the pill camera a clearer view of your small bowel.

IF YOU ARE DIABETIC – PLEASE INCLUDE THE FOLLOWING DIRECTIONS

Insulin Users

1. **The day prior to your test** — take ½ of your insulin dose in the morning (which is the day of the clear liquid diet). Take ⅓ of dose at night.
2. **The day of the test** —two hours after swallowing the capsule you can have clear fluids and four hours you may eat a light lunch and take ½ of your insulin dose.
3. **The day after the capsule test** — you may resume your normal diet and take your usual insulin dose.

Oral Medication Users

1. **The day prior to your test** — take your usual dose of medication in the morning. Do not take additional evening dose.
2. **The day of the test** — do not take your morning dose.
3. **The day after the capsule test** — you may resume your normal diet and take your usual oral diabetic medication dose.

Bring with you to the appointment:

- Completed consent form, if you have already received this.
- Medicare card
- Photo identification if possible.
- **Wear loose comfortable clothing and separate pieces that can cover a bulky belt with a data recorder**. Please do not wear dresses or trousers with belts.

Please contact Clinical Manager, on 03 9595 6666 should you have any questions or concerns regarding your booking.

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PillCam Consent

I .....

CONSENT TO HAVING CAPSULE ENDOSCOPY.

Capsule endoscopy is a new endoscopic exam of the small intestine. It is not intended to examine the oesophagus, stomach, or colon. It does not replace 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 a 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 future medical studies.

I understand that I will be removing medical equipment from this clinic, and I will be held responsible for any accidental or wilful damage to that equipment whilst in my care.

I understand the Commonwealth Department of Health has requested data regarding my Capsule Endoscopy, including previous clinical history, diagnosis, management and outcome is recorded and submitted to a National Data Registry. I authorise Dr. Stephen Pianko to submit my de-identified data to this Data Registry.

Dr. _____ has explained 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 authorise Dr Stephen Pianko to perform capsule endoscopy.

Patient's Name (please print):	
Patient's Signature:	
Date:	