

POST CAPSULE ENDOSCOPY (PATIENT INSTRUCTIONS)

Patient Name _____ **Date of Birth:** _____

You have just had a capsule endoscopy. This sheet contains information about what to expect over the next few days. Please call our office if you have severe or persistent abdominal or chest pain, fever, difficulty swallowing, or if you have any questions. Our phone number is (734) 434-6262 or (800) 772-4659.

1. **Diet:** You may eat and drink normally. There are no dietary restrictions.
2. **Activities:** Following the exam, you may resume normal activities, including exercise.
3. **Medications:** You may resume all medications immediately. Do not make up for doses you have missed, just begin your normal dosage.
4. **The Capsule:** When you pass the capsule into the toilet, it does not need to be retrieved and can be safely flushed away. Some people do not notice the capsule pass because it is hidden in the stool.
5. If you cannot positively verify the excretion of the capsule from your body, and you develop unexplained post procedure abdominal pain, vomiting or other symptoms of obstruction, contact us for evaluation and possible abdominal X-ray examination.
6. Undergoing an MRI while the capsule is inside your body may result in serious damage to your intestinal tract or abdominal cavity. If you cannot positively verify the excretion of the capsule from your body, you should contact us for evaluation and possible abdominal X-ray before undergoing an