VIDEO CAPSULE ENDOSCOPY ☐ Magnesium Citrate Elmhurst Clinic Gastroenterology □Suprep, Golytely, Nulytely, Trilyte or Christopher A. Boutin, MD Atena Lodhi, MD Michael Greenspan, MD Patrick J. Lynch, MD **Covte** Jason Kramer, MD S. Dharan Kumar, MD ☐MiraLAX/Gatorade Shubha Singh, MD Karen Ma, MD George Stathopoulos, MD Allison Rzepczynski, MD **Online Instructions:** www.eehealth.org/services/gastrointestinal/patientinstructions/ **Scheduled for:** (day of the week) , (date) / Arrival time: **6:45AM**. Location Elmhurst Hospital: 155 E Brush Hill Rd, Green Lot, East Entrance, 2nd floor Endoscopy Reception *Please note the facility performing your procedure will contact YOU 48-72 hours prior to your date of service to instruct you on the mandatory COVID-19 testing, NOT OUR OFFICE* MEDICATIONS OK TO TAKE BEFORE THE PROCEDURE: You may take your medications as directed, unless advised otherwise (see below). **Statins & Seizure medications Beta Blockers** MEDICATIONS TO STOP BEFORE PROCEDURE: ACE inhibitors, Angiotensin II receptor blockers (ARBs) & Combination Drugs that contain ARBs: Discontinue the night before OR the day of procedure. Iron (ferrous sulfate/ferrous gluconate), Herbal Supplements & Multivitamins: Discontinue 2 weeks prior to procedure. Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza, Saxenda: Discontinue 1 week prior to procedure. Jardiance, Invokana, Farxiga, Steglatro, Brenzavvy: Discontinue 4 days prior to the procedure. ANOREXIANTS (weight loss medication - i.e., Phentermine/Vyvanse): Discontinue 7 days prior to the procedure. ADHD Medications: Discontinue the day of procedure. **Diuretics**: Discontinue the day of procedure. DO NOT TAKE: Any form of erectile dysfunction medication for 3 days prior to the procedure unless taken for Pulmonary Hypertension or Prostatic Hyperplasia. DO NOT TAKE: Any form of alcohol and recreational drugs for 24 hours prior to the procedure. **NOTE:** It is the patient's responsibility to check with the insurance company to see if pre-certification is required, as well as for any questions regarding benefits, out-of-pocket costs. PROCEDURE CODE: Video Capsule Endoscopy-91110 DIAGNOSIS CODE: ONE DAY BEFORE TEST: You may have general diet for breakfast and lunch. DIET: Beginning at 5PM, DRINK CLEAR LIQUIDS ONLY FOR DINNER, NO SOLID FOOD! (See below). 3. NOTHING TO DRINK AFTER MIDNIGHT. 4. PREPARATION INSTRUCTIONS: ONLY follow the CHECKED box: ☐ Magnesium Citrate (OVER THE COUNTER): Beginning at 8PM, drink ONE bottle of lightcolored Magnesium Citrate (10 fluid ounces). Purchase over the counter at your local pharmacy.

□ Suprep, Golytely, Nulytely, Trilyte or Colyte (PRESCRIPTION): Beginning at 5PM: Mix bottle of Suprep, Colyte, Golytely, Nulytely until completely dissolved. Drink the solution until HALF

the solution is finished. Discard the remaining half of the solution.

☐ **MiraLAX/Gatorade: Beginning at 5PM:** Mix 238-gram bottle of MiraLAX with 64 oz. of Gatorade until completely dissolved. Drink the solution until HALF the solution is finished. Discard the remaining half of the solution.

DAY OF THE TEST:

- 1. NOTHING TO EAT/DRINK!
- 2. When you wake up, you may brush your teeth. Do not take any medication 2 hours before having the exam.
- 3. Wear loose fitting clothing.
- 4. **DURING THE TEST:**
 - You will be asked to drink and snack at different times throughout the test as instructed by the endoscopy nurse.
 - o Do not disconnect the equipment or completely remove the belt at any time during the procedure.

5. AFTER THE TEST:

- Return to endoscopy lab at scheduled time to have equipment removed or do as instruct by the endoscopy department staff/nurses.
- o You may have liquid diet 2 hours after swallowing the capsule.
- You may have a light snack 4 hours after swallowing the capsule.
- You may resume a general diet 8 hours after swallowing the capsule.
- o Please call the office with any further questions at 331-221-9003.

TRANSPORTATION

No sedation is required for this test. You may drive yourself to and from the test.

WHAT TO BRING

A picture ID, proof of insurance, list of your medications and allergies, and your referral form (if your insurance requires it).

QUESTIONS? If you have any questions, please do not hesitate to call us at 331-221-9003. ** To cancel or reschedule, please contact the office AT LEAST 5 Business days prior to your scheduled procedure at (331)-221-9003.

•	Additional	Instructions:
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CLEAR LIQUID DIET INSTRUCTION

A clear liquid diet consists of most liquids you can easily see through like water, broth and plain gelatin. These are liquid at body temperature, easily digested and leave no residue in your intestinal tract.

**Diabetic Patients: Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of the procedure. If at any time you have symptoms of low blood glucose or very high blood glucose, please call your endocrinologist or primary care physician immediately for further recommendations. Bring your blood glucose meter, test strips, and a low blood glucose treatment with you on the day of the procedure. Make sure clear liquids have calories and not labeled as "diet."

NOT ACCEPTABLE	ACCEPTABLE/ALLOWED
 SOLID FOOD ANYTHING THAT IS RED, BLUE, PURPLE DAIRY/MILK PRODUCTS/HONEY ALCOHOL TOMATO JUICE OR ANY FRUIT JUICE WITH PULP 	 LEMON-LIME SODA (SPRITE, GINGER-ALE, 7UP, CLUB SODA) BROTH (VEGETABLE, CHICKEN, BEEF→ LIQUID ONLY, NO SOLID FOOD!) WATER BLACK COFFEE/TEA (NO CREAMERS, DAIRY/MILK, HONEY) APPLE JUICE, WHITE GRAPE JUICE, LEMONADE POPSCILES, ITALIAN ICE (NOT RED, BLUE, PURPLE) JELL-O (NOT RED, BLUE, PURPLE OR MILK-BASED) GATORADE, PROPEL, POWER-ADE (NOT RED, BLUE, PURPLE)