



## **Small Bowel Capsule (SBC) Procedure Packet**

### **SBC Placement Appointment:**

#### **Placement Location:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Arrival Time @ **8:00AM**

<input type="checkbox"/>	Columbia	7120 Minstrel Way, Suite 100, Columbia MD 21045
<input type="checkbox"/>	Columbia	7130 Minstrel Way, Suite 215, Columbia MD 21045
<input type="checkbox"/>	Annapolis	1419 Forest Drive, Suite 105, Annapolis MD 21403
<input type="checkbox"/>	Olney	3405 Olandwood Court, Suite 102, Olney MD 20832
<input type="checkbox"/>	Riverdale	6502 Kenilworth Avenue, Suite 100, Riverdale MD 20737
<input type="checkbox"/>	Timonium	1212 York Road, Suite B201, Lutherville MD 21093
<input type="checkbox"/>	Gaithersburg	501 N Frederick Avenue, Suite 204, Gaithersburg MD 20877
<input type="checkbox"/>	Bethesda	5622 Shields Drive, Bethesda MD 20817
<input type="checkbox"/>	White Marsh	4940 Campbell Drive, Suite 140 White Marsh, MD 21236

Check your text reminder for the exact location for the appointment.

Report to the office by \_\_\_\_ pm  
to return the equipment.

Failure to return the equipment by the indicated time  
will result in a daily charge of \$500 until it is returned

### **Instructions:**

#### **Day Before Capsule Endoscopy**

1. You may eat a normal breakfast and normal lunch.
2. 2:00 pm – Midnight: ONLY clear/transparent liquid (water, black coffee or tea (no creamer), soda, white grape juice, apple juice, sports drinks, Jell-O, ice pops, chicken/beef/vegetable broth. NOTHING Red or Purple.
  - a. **Do not eat or drink** except for necessary medication with a sip of water, after midnight.
  - b. Do not take any medication 2 hours before having the exam.
3. Wear upper garment of thin, natural fiber such as a T-shirt that is long enough to reach at least to hip level and will not ride up above the belt/ vest.

#### **After Swallowing the PillCam SB Capsule**

*The capsule endoscopy test will last approximately 8-9 hours. Contact your doctor's office immediately if you suffer from any abdominal pain, nausea or vomiting during the test.*

1. 8:00 – 10:00 am: Nothing to eat or drink.
2. 10:00 – Noon: You may drink colorless liquids (examples above).
3. Noon– 4:00 pm: You may have a light snack, such as soup, salad, sandwich.
  - Make sure the belt/vest is tight around the body. Do not attach anything to it.
  - Avoid strong electromagnetic fields such as MRI devices or ham radios after swallowing the capsule and until you pass it in a bowel movement.
  - Do not disconnect the equipment or completely remove the Data Recorder at any time during the test.
  - Treat the Data Recorder carefully. Avoid sudden movements and banging of the Data Recorder. Do not expose them to shock, vibration or direct sunlight.
  - After the test is completed, you may return to your normal diet.

*If you are not sure that the capsule has passed out of your body and you develop unexplained nausea, abdominal pain or vomiting, contact your doctor for evaluation.*

*Undergoing an MRI while the PillCam capsule is inside your body may result in damage to your intestinal tract or abdominal cavity. If you are not certain the capsule is out of your body, contact your physician for evaluation and possible abdominal X-ray before undergoing an MRI examination.*

### **SBC Results Appointment:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_



**Gastro Center of Maryland**

7120 Minstrel Way, Suite 100 Columbia MD 21045

Phone: 410-290-6677

Fax: 410-290-6676

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***FOR GCM STAFF ONLY***

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**Screening For Patients coming for Small Bowel Capsule Endoscopy (SBC)**

	YES	NO
The patient's last solid meal was before 2 pm yesterday	<input type="checkbox"/>	<input type="checkbox"/>
The Patient had only clear liquids from 2 pm until midnight	<input type="checkbox"/>	<input type="checkbox"/>
The Patient had nothing to eat after midnight	<input type="checkbox"/>	<input type="checkbox"/>

If Patient answered YES to all questions: **PROCEED WITH SBC**

If Patient answered NO to ANY question: **Contact ordering physician directly for instructions.**

\_\_\_\_\_  
GCM Staff

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date