

Stick label here or write patients name.

CONTACT TELEPHONE NUMBER IS REQUIRED

Capsule Endoscopy Request/Consent Form

Please send the request by email gastro_admin@icloud.com fax (9550 1649) or mail (above).

Clinical History:		Drugs: <input type="radio"/> Asprin <input type="radio"/> Warfarin/pradaxa ect <input type="radio"/> NSAID <input type="radio"/> Clopidogrel <input type="radio"/> Other relevant (specify)
This patient does/does not have a pacemaker/implantable device		
Date of gastroscopy & colonoscopy		

Indications for reimbursement are restricted to suspected occult or overt bleeding unexplained after gastroscopy and colonoscopy, or for Peutz'Jegtters Syndrome. Capsule studies for other Indications can be performed following discussion with me, but will not attract a reimbursement.

Referring Doctor (Address for report):	Tick for copy to GP <input type="radio"/> GP Address:
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Consent for Capsule Endoscopy

Read this Information carefully.

You will be contacted to arrange a booking and to instruct you on the preparation for the test. An Information brochure about the test will be sent also. Contact us or your doctor if this does not occur.

You may obtain more Information from us or your doctor at any time prior to the procedure. It is important that you understand the potential risks involved with this procedure and the alternatives available to you if you decide not to go ahead with the test. The risks and benefits for your specific case, will have already been considered by your referring doctor - and you should have discussed this with them.

The test is simple and very safe. The test **does not** involve any needles or sedation. You are able to drive on the day of the test. **Complications are uncommon and serious complications are rare.**

The most common complication is the capsule "getting stuck" in the small bowel. This occurs in 1 out of 300 (or less than half a percent) of cases. Usually this is at the site of the problem the test was aiming to find. It is not dangerous for the capsule to stay in the body for several months. Occasionally this can cause a blockage of the bowel. In this case, the capsule must be removed by using a very long camera (double balloon endoscope) or through an operation.

It is possible that very rare complications may occur that cannot be anticipated.

I _____ have read and understood the above advice and I have received satisfactory answers to my questions about the procedure. I consent to capsule endoscopy and any associated procedure necessary. I agree to the release of this report to medical personnel involved in my care for the purpose of my treatment.

Signature:		Date:	
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For Doctor: I have asked the patient whether they understood the consent form and have any questions or concerns about the procedure or the consent form, and have answered these fully.

Doctor's Signature:		Date:	
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Preparation for Capsule Endoscopy (Pill Cam)

3-4 days before procedure:

1. STOP ANY IRON TABLETS (can be restarted after the procedure)
2. Purchase 1 sachet of Picoprep from the pharmacy (no prescription required)

The day before the procedure:

Take your usual medication. There is no need to stop any of your usual medication.

1. NO SOLID FOOD ALLOWED (no coffee until after the procedure)
2. CLEAR FLUIDS for the rest of the day
 - a. for example, clear fruit juices, soft drinks, clear soups, broth, jelly, water, weak black tea
 - b. Drink as much as you like to satisfy your thirst.
3. CLEANING THE BOWEL FOR THE EXAMINATION: (this causes watery diarrhoea)
 - a. Take the Picoprep at 6pm
4. you have diabetes and take medication for this- discuss with your GP whether you should continue taking evening diabetic medications.

The day of the procedure:

1. Just have a drink of water in the morning if you are thirsty. **Do not eat.**
2. Take your morning medications with a glass of water between 6 and 7 am.
3. Follow your GP/diabetes doctor's recommendations if you take medications for diabetes.
4. Wear loose fitting clothing: for women, two piece clothing, not a dress.
5. Come to Suite 202 of the RPAH Medical Centre, 100 Carillon Ave Newtown at 8 am.

10am = Commence drinking water and/or clear apple juice

12pm = Eat light lunch

4:30pm = Return to suite 202

You Have Just Swallowed a Small Bowel Capsule (PillCam)

This is what you can expect over the next 6-8 hours.

Please call our Centre if you have severe or persistent abdominal or chest pain, fever, difficulty swallowing, or if you have any questions. Our phone number is 02 9519 8689.

1. You must not eat or drink anything for two hours after swallowing the capsule. You may then start drinking clear liquids (water or apple juice) only. You may eat a light meal 4 hours after swallowing the capsule and take your medications.
2. Do not exercise and avoid heavy lifting. You may walk, sit and lay down. You can drive a car. You may return to work, if your work allows avoiding unsuitable environments and/or physical movements.
3. The belt contains a battery pack and data recorder which are joined together with wires, it would be wise to avoid public places such as airports and railway stations where security is monitored.
4. Avoid going near MRI machines and radio transmitters. You may use a computer, radio, stereo, or mobile phone, if you are having an MRI at any time in the future you must discuss this with your Gastroenterologist first.
5. Do NOT stand near another patient undergoing capsule endoscopy.
6. Try not to touch or remove the sensor belt.
7. Avoid getting the sensor belt wet
8. Observe the LED light on the data recorder at least every 15 minutes.
If the light stops blinking, document the time and call our office on: 02 9519 8689.
9. Return to the office at 4:30pm to have the equipment removed.