



SMALL BOWEL CAPSULE ENDOSCOPY

You are scheduled for a Small Bowel Capsule Endoscopy on:

_____ at: _____
475 Franklin Street / Suite G10 / Framingham, MA 01702

Your Physician has determined that as part of your medical evaluation you should undergo an examination known as Capsule Endoscopy. This procedure involves ingesting the Given PillCam™ SB capsule, which is a small camera, the size of a large vitamin pill. As it passes naturally through your digestive system, it takes pictures of the intestine. The images are transmitted to the sensor belt, which is placed on your abdomen. The sensor belt is attached to a walkman-like DataRecorder™, which saves all the images, and is located in the sensor belt, which is worn around your waist. After 8 hours, the sensor belt will be removed at the office for processing. The PillCam™ SB capsule is disposable and will be excreted naturally in your bowel movement. In the rare case that it will not be excreted naturally, it will need to be removed endoscopically or surgically. If you know that you have had a blockage or narrowing of your intestine, please tell your GI physicians. In order for your physician to get the most accurate information from this examination, you will need to follow the instructions below.

Please read the materials in this packet as soon as you get them - do not wait until the day of your test.

1. Please bring with you to your procedure a list of all of your current medications.
2. A \$150.00 cancellation fee will be billed directly to the patient for any appointment not cancelled with a 48 hour notice.

When this procedure was scheduled, the insurance on file for you was: _____
If your insurance changes, you must notify the office at 508-620-9200 at least 14 days prior to your procedure.
You will be responsible for any charges due to lack of correct insurance information.

Preparation of your bowel for Small Bowel Capsule Endoscopy consists of a partial flushing of waste material prior to the examination. Please follow these instructions completely. If you have any questions regarding the preparation, do not hesitate to call us.

There are some very important facts that you need to be aware of:

PURCHASE AT ANY PHARMACY

- 1) 1 bottle of Miralax (over the counter / no prescription needed)
- 2) 1 bottle of Infants' MYLICON Drops (over the counter / no prescription needed)

ONE WEEK BEFORE EXAM

- 1) If you take Iron supplements it needs to be discontinued 7 days prior.

DAY BEFORE EXAM:

- 1) Drink only clear liquids for lunch and dinner the day before your exam. Clear liquids are liquids that you can see through. The following items are those that may be used in a **CLEAR LIQUID** diet: **Broth, Bouillon, Ginger ale, Sprite, 7-up, Apple juice, White grape juice, Water, Popsicles, Jell-O (no red or purple colored, no fruit or cream added) Black coffee or tea (may have sugar but no milk or cream)**
- 2) Nothing by mouth for 12 hours prior to undergoing your Capsule Endoscopy. Sipping water is allowed.
- 3) Do not take any medication beginning 2 hours before undergoing Capsule Endoscopy.
- 4) **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.**
- 5) Abstain from smoking 24 hours prior to undergoing Capsule Endoscopy.
- 6) At 6:00 PM the evening before your exam, mix 3 capfuls of Miralax in one liter (4 full 8oz. cups) of water. Drink an 8 ounce glass every 10-20 minutes. You must drink the entire 1 liter in 2 hours for the prep to be effective. It may be poured over ice. Adding a few drops of lemon, or lemon crystal light may make it taste better.
- 7) Buy one bottle of Infants' MYLICON Drops (sold over the counter) and bring it to the office the day of the exam.

DAY OF EXAM:

- 1) Arrive for your Capsule Endoscopy dressed in loose fitting, two-piece clothing.
- 2) You will have a pre-procedure interview. During this interview you should be informed that Capsule Endoscopy is associated with a small chance of intestinal obstruction. You will be asked to give your informed consent.
- 3) The sensor belt will be applied to your abdomen and will be connected to the DataRecorder, which you will wear around your waist. After that, you will be instructed to ingest the Pillcam SB Capsule.

AFTER INGESTING THE SMALL BOWEL CAPSULE:

- 1) After ingesting the Pillcam SB Capsule, do not eat or drink for at least 2 hours. You may then have water.
- 2) After 4 hours you may have a light snack.
- 3) After the examination is completed, you may return to your normal diet, unless your physician specifies otherwise.
- 4) Contact the office immediately if you suffer from any abdominal pain, nausea or vomiting during the Capsule Endoscopy.
- 5) After ingesting the Pillcam SB Capsule and until it is excreted, you should not be near any source of powerful electromagnetic fields such as one created near an MRI device or amateur (ham) radio.
- 6) Occasionally, some images may be lost due to radio interference (e.g. from amateur radio transmitter, MRI, etc.). On rare occasions this may result in the need to repeat the Capsule Endoscopy examination. In this case, the physician will advise you to stay within the premises of the clinic during the Capsule Endoscopy to prevent this problem from recurring.
- 7) Capsule Endoscopy lasts approximately 8 hours and then is considered complete according to your physician's instructions. Do not disconnect the equipment or remove the belt at any time during this period. Since the DataRecorder is actually a small computer, it should be treated with utmost care and protection. Avoid sudden movement and banging of the DataRecorder.
- 8) During Capsule Endoscopy, you will need to verify every 30 minutes that the small light on top of the Data Recorder is blinking. If for some reason it stops blinking, record the time.
- 9) Avoid any strenuous physical activity especially if it involves sweating and do not bend over or stoop during Capsule Endoscopy.

AFTER COMPLETING SB CAPSULE ENDOSCOPY:

Undergoing an MRI while the capsule is inside your body may result in serious damage to your intestinal tract or abdominal cavity. You should contact the office for evaluation and possible abdominal X-ray examination before undergoing an MRI examination.



ADVANCE BENEFICIARY NOTICE

NOTE: You need to make a choice about receiving these health care items or services.

Your health insurance may not pay for the services that are described below. The fact that your insurance may not pay for a particular service does not mean that you should not receive it. There may be a good reason for your doctor recommending it.

Services:

- ☒ **Small Bowel Capsule Endoscopy – Code 91110 - \$2500.00**
- ☐ **SIBO/Glucose Breath Test/KBT – Code 91065 - \$300.00**
- ☐ **Lactose Breath Test – Code 91065 - \$300.00**
- ☐ **Fructose Breath Test – Code 91065 - \$300.00**
- ☐ **Urea Breath Test – H.Pylori – Code 78267 - \$150.00 – acquisition**
 - **Code 78268 - \$300.00 – analysis**
 - **Total \$450.00**
- ☐ **Fibroscan – Code 76981 - \$225.00**

Diagnosis:

The purpose of this form is to help you make an informed choice about whether or not you want to receive these services, knowing that you might have to pay for them yourself.

You may wish to contact your insurance company directly and give them the information as outlined above regarding the service. The description of the service, the procedure code which will be billed, as well as the fee that would be charged may be given to them for prior approval.

The office will submit the claim to your health insurance. You will, however, be fully and personally responsible for payment of this service if the insurance company denies payment. **No appointment will be made without this signed authorization.**

I want to receive these services. I agree to pay personally for any services denied by my insurance carrier.

Date

Signature of Patient