



ADVANCED GASTROENTEROLOGICAL ASSOCIATES

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Capsule Endoscopy Instructions

Your **Capsule Endoscopy** is scheduled on:

DATE: _____ TIME: _____ PLACE: **410 Celebration Place Suite # 400.**

- Please arrive on time to your appointment.
- On the day before, your dinner should consist of clear liquids.
- You need to take one (1) bottle of Magnesium Citrate 10 oz. at 10:00 pm the day prior to your test.
- Do not eat or drink after midnight the night before your procedure.
- Take only your necessary medications with a sip of water two (2) hours prior to the test.
- Please wear loose comfortable two pieces clothing and undergarments.
- In the morning of the procedure, the recording device will be attached to you and you will swallow the pill.
- The Capsule Endoscopy procedure will last 8 hour. Every 15 minutes during the Capsule Endoscopy you will need to verify that the small green/blue light on top of the recorder is blinking. If for some reason it stops, please record the time and contact Dr. Anwer's office at (407) 566-0700.
- After ingesting the Capsule, do not eat or drink for 2 hours. Then, you may drink water. After four hours of ingesting the Capsule you may have a light snack. Once the study has been completed, you may resume your normal diet.
- At the end of 8 hours, the Data recorder and Sensor Belt will be removed at the office. Do not attempt to remove the equipment yourself.
- The Data Recorder holds the images of your examination. Handle the Sensor Belt and Recorder Battery Pack carefully. Do not expose them to water, shock, vibration or direct sunlight, which may result in the loss of information.
- The capsule is disposable and will be excreted naturally in your bowel movement.
- A follow up appointment will be given to you to discuss the final results of the study.

If you wish to cancel or re-schedule, please inform DR. ANWER'S OFFICE 48 hours prior to the procedure via email (backoffice@anweraga.com) or by phone 407-566-0700 ext. 204 to avoid a \$50.00 late cancellation fee.

I have read, understood and agree to the above instructions.

Print name _____ **Signature** _____ **Date:** _____