Patient Prep Instructions for CapsoCam Plus® Capsule Endoscopy

Morning Ingestion Appointment

Your Capsule Endoscopy procedure is scheduled at: _____

Appointment Location: _____

Date and time: _____

Purchasing the Prep Medication

Make sure you have at least 153 grams of Polyethylene glycol for the prep. You may have some left over. You will need the smallest bottle of Mylicon®.

NOTE: If taking an oral iron supplement, please stop 4 full days prior to the appointment.

Day Before Procedure	
Day:	Eat normally for breakfast, followed by a light lunch. Then begin clear liquid diet for the remainder of the day/ night before the procedure. (Nothing colored red/pink/purple/orange to drink).
Day: Time: 7:00 pm	Mix 120 grams of Polyethylene glycol (e.g., RestoraLAX®, MiraLAX®, ClearLax®, PureLax®, GaviLax®, and other brands) with 32 oz (around 1L) of water or non-red/pink/purple/orange electrolyte drink, and drink all contents.
Day: Time: 9:30 pm	If advised by your provider, mix well a prescribed dose of Mylicon with a glass of water at the recommended time. From here on, only small sips of water with medications are allowed.
Day of Procedure	
Day: Time: Morning	Stop taking prescribed medications until two (2) hours after swallowing the capsule unless your doctor deems it necessary, then take small sips of water with medications (if any).
Day: Time:	Two (2) hours before swallowing the capsule, mix 17 grams of Polyethylene Glycol with 8 oz (around 250ml) of water or non-red/pink/purple/orange electrolyte drink, and drink all contents.
Day: Time:	Arrive at your appointment location.
Time:	**Swallow the CapsoCam Plus capsule** with 8 oz (around 250 ml) of water. The staff may add a dose of Mylicon to the water.
Time:	Start drinking clear liquids two (2) hours after swallowing the capsule.
Time:	Four (4) hours after swallowing capsule, mix 17 grams of Polyethylene glycol with 8 oz (around 250ml) of water or non-red/pink/purple/orange electrolyte drink, and drink all of the contents.
Time:	You can enjoy a light lunch any time after drinking the last dose of Polyethylene glycol. Eat normally for dinner. No further diet restrictions are necessary.

Important Patient Information

- For best results, follow your doctor's instructions carefully. If you haven't passed the capsule within 72 hours after you swallowed it, call your doctor.
- To watch the capsule collection video instructions, visit

  https://capsovision.com/international/patient-resources/what-to-expect-with-capsocam/

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- Keep using the collection pan until you have collected the capsule. This will help avoid having to repeat the test.
- Before you start the prep, review all your prescription, non-prescription, and supplement medications with your doctor. Your doctor will tell you if you need to change the dose or timing.
  - **Important:** This bowel prep can change your hydration, electrolytes, and how your medications work.
- Unless otherwise instructed by your doctor, drink the prep fluids (e.g., electrolyte drinks) only in the amounts recommended. Talk to your doctor before using drinks with sugar or drinks high in calories.
- If you feel sudden symptoms like fast or pounding heart or dizziness, call your doctor or get medical help right away.

Returning the Capsule (your doctor will choose 1 option)

☐ **Option 1 – Mail return (if applicable):** If provided a pre-labeled padded envelope in your take-home kit, put the capsule inside the capsule container and close the lid. Put the container into the zip bag, and seal it. Place the zip bag inside the bubble mailer. Seal the bubble mailer, and return the envelope to your provider as instructed.

☐ **Option 2 – Office return:** Put the capsule in the capsule container and close the lid. Return the container to your doctor's office.*

Please call our office at: _____ if you have any questions.

Disclaimer: Suggested prep aims to improve small-bowel visualization, transit time, and capsule collection. Adjust as needed for individual conditions, especially in patients with motility issues (e.g., delayed gastric emptying, gastric retention, constipation, difficult colonoscopy access).