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**BOWEL PREPARATION INSTRUCTIONS FOR CAPSULE ENDOSCOPY –
DR. CRIST**

YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED **SMALL BOWEL CAPSULE
ENDOSCOPY** TO BE PERFORMED ON

_____ AT _____ ARRIVAL TIME _____

YOU WILL NEED TO REPORT TO PARKWEST HOSPITAL (MAIN ENTRANCE)

LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE

PRE-PROCEDURE INSTRUCTIONS:

FOR THIS EXAMINATION YOU MUST FOLLOW A SPECIAL CLEAR LIQUID DIET FOR PART OF THE DAY PRIOR TO YOUR EXAMINATION.

- BEGINNING ON _____ YOU MAY HAVE BREAKFAST AND LUNCH FOLLOWED BY CLEAR LIQUIDS FOR THE REMAINDER OF THE DAY.
- AT **5:00 P.M.** ON _____ TAKE ONE REGLAN 10MG TABLET BY MOUTH.
- TAKE ALL EVENING MEDICATIONS PRIOR TO **10:00 P.M.**

DO NOT EAT OR DRINK ANYTHING AFTER 10P.M. ON THE NIGHT PRIOR TO OR ON THE MORNING OF YOUR PROCEDURE.

- AT **5:00 A.M.** ON _____ TAKE ONE REGLAN 10MG TABLET WITH SMALL SIP OF WATER.
- **DO NOT TAKE ANY MEDICATIONS BEGINNING 2 HOURS BEFORE UNDERGOING CAPSULE ENDOSCOPY. YOU MAY TAKE USUAL MEDICATIONS AT 9:00 A.M. ON THE DAY OF THE EXAMINATION.**

MEDICATIONS:

- IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER AT LEAST 2 HOURS BEFORE UNDERGOING PROCEDURE. IF YOU TAKE INSULIN FOR DIABETES, TAKE ½ YOUR USUAL DOSE THE EVENING BEFORE AND MORNING OF YOUR PROCEDURE.
- IF YOU TAKE IRON SUPPLEMENTS, PLEASE DISCONTINUE FOR FIVE DAYS PRIOR TO EXAM.
- ABSTAIN FROM SMOKING 24 HOURS PRIOR TO UNDERGOING CAPSULE ENDOSCOPY.

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM SUCH THAT IT MUST BE RESCHEDULED, PLEASE CALL THE OFFICE AT 865-539-5372 OPTION 1.

*****PLEASE BRING I.D., INS. CARDS AND LIST OF CURRENT MEDICATIONS WITH YOU*****