

**Date:** [Date]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

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# Capsule Endoscopy Discharge Instructions

Dear [Patient Name],

You have successfully swallowed the video capsule today at [Time]. Please follow these instructions to ensure a successful procedure:

## 1. Diet and Activity

- **Clear Liquids:** You may drink clear liquids starting 2 hours after swallowing the capsule.
- **Light Meal/Medications:** You may have a light snack and take your usual medications 4 hours after swallowing the capsule.
- **Physical Activity:** Avoid strenuous physical activity, bending, or stooping during the procedure. Do not disconnect the equipment or remove the belt.

## 2. Safety Warning: MRI Restriction

**DO NOT undergo an MRI (Magnetic Resonance Imaging)** until you have confirmed that the capsule has been excreted from your body. If you require an MRI before the capsule passes, you must notify your doctor immediately.

## 3. Equipment Return

Return the data recorder and sensor equipment to the clinic at:

**Return Time:** [Time]

**Return Location:** [Location/Department]

## 4. Capsule Passage

The capsule is disposable and will pass naturally with a bowel movement. You do not need to retrieve it. If you do not see the capsule pass within 7 days, or if you develop unexplained abdominal pain, nausea, or vomiting, contact your doctor.

## **5. When to Call the Doctor**

Contact the office immediately at [Phone Number] if you experience:

- Severe abdominal pain
- Persistent nausea or vomiting
- Difficulty swallowing
- Chest pain

Your results will be reviewed by the physician, and you will be contacted within [Number] business days.

Sincerely,

[Doctor/Provider Name]

[Clinic Name]