

**UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
CONSENT FOR CAPSULE ENDOSCOPY**

INTRODUCTION: Your doctor, _____ has scheduled you for a capsule endoscopy. The reasons for performing this procedure are _____

_____ . A capsule endoscopy is an outpatient diagnostic procedure that allows visualization of your small bowel. Contained within a pill-sized capsule, which you will swallow, is a small video camera and image transmitter. This device will take color digital pictures of your small bowel as the capsule passes naturally through your intestinal tract. These pictures are transmitted to an image recorder that is worn on a belt around your waist. The capsule will eventually pass in a bowel movement, usually within 24 hours. We are asking you to read and sign this form so that we can be sure you understand the procedure and associated potential risks, complications, and alternatives. Please ask questions about anything on this form that you do not understand.

PROCEDURE: Prior to the procedure, you will not be allowed to eat or drink for several hours. Sensor leads, used to receive the transmitted images, will be attached to your abdomen. These leads will capture the transmitted images and relay them to the image recorder. The image recorder, along with a battery pack, is worn on a belt around your waist. You will then swallow the capsule with a glass of water. The capsule has a smooth surface and is about the size of a large vitamin pill. For the next eight hours, images of your small bowel will be recorded. During this time, you may leave the Endoscopy Suite and carry out your normal activities. However, you should not exercise. At the end of the eight hours, you will return to the suite and the sensor leads, image recorder, battery pack, and belt will be removed. You may then resume your normal activities, including exercising, and your normal oral intake.

RISKS: A capsule endoscopy is a safe and usually well-tolerated procedure. Risks associated with the procedure include the possibility that the capsule may become lodged in your esophagus, stomach, small bowel, or colon and result in an obstruction. This may result in the need for an endoscopy or surgery in order to remove the capsule. It is also possible that the capsule may only image part of your small intestine or that some images may be lost. This could result in the need to repeat the procedure. Since the capsule has metallic parts, it is important for you to avoid an MRI machine or procedure until the capsule has passed from your body.

ALTERNATIVES: There may be other ways to diagnose your condition including a CT scan or a small bowel series, which involves drinking a barium solution and then obtaining x-ray pictures. If you are unsure about undergoing a capsule endoscopy, please discuss these possible alternatives with your physician.

AGREEMENT: The information on this form was explained to me by _____. I understand the information and I have had the opportunity to ask any questions that I might have regarding a capsule endoscopy, the reasons it is being performed, the associated potential risks and complications, and the possible alternative forms of diagnosis. I agree to undergo the procedure and accept the risks.

Signature: _____
Patient

Date: _____

Signature: _____
Physician obtaining patient's signature

Date: _____

