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Patient Instructions for Patency Capsule Test

Patient Name: _____

Examination Date: _____ (**This test to be performed in our office.**)

A patency test with the Agile patency capsule safely determines whether an object the size of the capsule can pass through your intestine. For this procedure, you will swallow a capsule made of a dissolvable material that can be detected by an X-ray. If the capsule leaves your small intestine before it dissolves, this confirms that your intestine is passable or “patent” so that a capsule endoscopy can safely be performed. An X-ray will be needed the day after the patency capsule is ingested to confirm that it has passed through the small intestine.

To ensure the best results for your Patency Capsule Test, please follow these instructions carefully and completely.

Day 1 The day before Patency Capsule Test. Date: _____

1. Start a clear liquid diet after lunch. Clear liquids are any transparent drinkable liquid. Like glass, it might have color, but you should still be able to see through it. These include juices (no pulp), broth, tea, coffee, soda and water.
2. Do not eat or drink anything after 10 PM. You may take necessary medications with a sip of water.

Day 2 The day of the Patency Capsule Test. Date: _____ Time: _____

1. Do not take any medication 2 hours before your scheduled appointment.
 - a. At this appointment, you will swallow the patency capsule.
 - b. After ingesting the patency capsule and until it leaves your body, avoid being near any source of powerful electromagnetic fields such as one created near an MRI device.
2. After 2 hours, you may begin to drink clear liquids.
3. After 4 hours, you may have a light snack (soup, sandwich, salad).
4. After 8 hours you may return to a normal diet.

Day 3 The day after the Patency Capsule Test. Date: _____

You will need to go for an abdominal X-ray (upright PA and LAT) between 27 and 29 hours after capsule ingestion. *It is very important that the X-ray not be delayed past the recommended times.* Please complete your X-ray between the times of _____ and _____.

Please contact our office if you develop unexplained nausea, abdominal pain or vomiting.

Please initial here _____ acknowledging you have read and understand the above instructions.