

INSTRUCTIONS



CENTRE FOR GASTROENTEROLOGY
AND HEPATOLOGY

DR A.G. JEETOO HOSPITAL

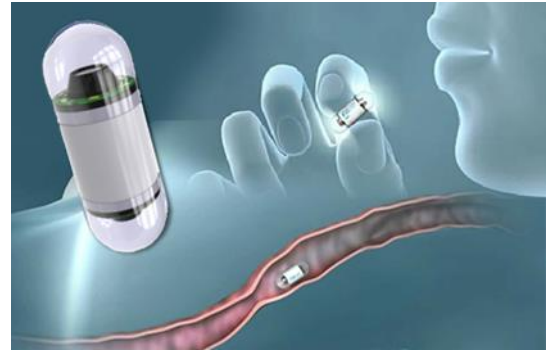
CAPSULE ENDOSCOPY

DATE: _____

Name: _____

Indication: _____

Fortrans Collection Date: _____



Day before Procedure

Noon: Lunch (Soup Only)



From Noon to 6 pm
Dissolve one sachet in 1 L water



6 pm: Dinner (Soup only)



Day of Procedure

DOs

Between 4 am and 6.30 am
Dissolve 2nd sachet in 1 L water



Bring your ID



Accompanied
by relative



Wear Loose and
dark clothes



Bring a hand towel
and 1 bottle of water

DON'Ts



Do **NOT** take anti-diabetic drugs
Ask staff for ALL medications



No driving for 24h



Do **NOT** wear tight clothes



203 1001 (Ext 1421)
5500 9041 (Hotline)



gastrohepmauriti.us.com



info@gastrohepmauriti.us.com