



EGD, Colonoscopy and Capsule Endoscopy

Over 50 kg (>111 lb)

PROCEDURE LOCATION

Surgery Center of Carmel

12188-A N Meridian St #150, Carmel, IN 46032

Surgery Center phone: (317) 569-8250

Arrive 1 hour before your scheduled procedure

Scan for Google
Maps



What Are These Procedures?

Your child is scheduled for **three things in one visit**, all while asleep under anesthesia:

- **EGD (upper endoscopy)** — a thin camera is passed through the mouth to look at the esophagus, stomach, and the first part of the small intestine. Small biopsies are usually taken.
- **Colonoscopy** — the same kind of camera is passed through the bottom to look at the large intestine. Biopsies are usually taken here too.
- **Capsule camera** — a camera about the size of a large vitamin is **placed** into the small intestine through the same scope. Your child does not have to swallow it.

Why a capsule? The small intestine is the long middle stretch between the stomach and the colon. **In a teenager or an adult it is about 15 feet long**, and neither the EGD nor the colonoscopy can reach most of it.

How it works. The capsule travels the whole way on its own, taking thousands of pictures as it goes, and comes out on its own in a bowel movement. **This is the one way we can see that entire stretch in detail.**

The EGD and colonoscopy together take about **30-60 minutes**, and your child will not feel any of it. The capsule keeps taking pictures after you go home and **stores them inside itself**.

About the Bowel Prep

The colon must be clean for the doctor to see clearly during the colonoscopy. The medicines below clean the colon (empty it) over the day before. The EGD itself does not need bowel prep — only the fasting times.

The same prep serves the capsule — finishing the medicines matters for the capsule pictures as much as for the colonoscopy.

⚠️ Medications

Prepare a list of medications.

Stop iron, anti-diarrhea medicine, GLP-1 (Wegovy) 7 days before.

You can verify what medications need to be stopped at meds.giready.com.



⚠️ If any history or suspicion of constipation, please do a pre-cleanout before the regular prep timeline below:

10 capfuls of MiraLAX in 40 oz of Gatorade, over about 4 hours on a weekend day — similar to the regular bowel prep below

Then continue prescribed daily laxatives, or at least **1 capful of MiraLAX daily**, until the procedure.

✓ Medications and Supplies needed

Pick up any prescription as soon as possible after scheduling. Buy all other supplies at least 7 days before the procedure. If your procedure is less than 7 days away, buy today. Check the **active ingredient** on the label.

ACTIVE INGREDIENT / ITEM	WHAT TO GET
Bisacodyl 5 mg tablets (Dulcolax Tablets — Overnight Laxative) ⚠️ NOT Dulcolax liquid or soft-chews	4 Dulcolax 5 mg tablets (20 mg total)
Polyethylene glycol 3350 (MiraLAX, LaxaClear, ClearLax, etc.) ⚠️ NOT MiraLAX chewables Bottle labels call each capful a “once-daily dose.” Any size bottle works. Bottles with 14 capfuls (8.3 oz or 238 g) can be convenient for the big prep.	At least 20 capfuls At least 35 capfuls if doing the pre-cleanout
Gatorade or Powerade (any color except red or purple) — for mixing with the MiraLAX powder	At least 88 oz (~2600 mL) At least 128 oz (~3800 mL) if doing the pre-cleanout
Skin protection — protective ointment (Desitin or Vaseline) for anal-area comfort	1 tube



17 2 Days Before the Procedure

At bedtime Give Dulcolax tablets — **2 tablets (10 mg)** — with a sip of water.

Evening — prepare the prep **Prepare only — do NOT drink yet.** Mix MiraLAX (**14 capfuls / 238 g**) into Gatorade (**64 oz**). Shake, refrigerate overnight. Your child will drink this **tomorrow**.

If you forget the bedtime Dulcolax dose: on the day of prep, give **4 tablets (20 mg)** with or just before the MiraLAX — that's the bedtime dose (2 tablets (10 mg)) added to the scheduled day-of dose (2 tablets (10 mg)). Don't skip — combine.

17 1 Day Before – Diet & Bowel Prep

Two parts today: the diet below, then **THE BIG PREP** — the bowel-prep medicines — in the afternoon and evening.

The Diet – breakfast & lunch: Low-Residue (“White”) foods

Low-residue foods only — the table pairs meals that work with the ones to skip. **Nothing with whole grains, red meat, nuts, seeds, popcorn or beans, and nothing fried or greasy.** No vegetables that day except plain potato without the skin; fruit only if it is soft and peeled.

✓ OK TO EAT (BREAKFAST & LUNCH)	✗ SKIP THAT DAY
Scrambled eggs or a plain bagel + white toast with butter	Whole-wheat toast, oatmeal with nuts or berries
Pancakes or waffles, plain or with syrup	Whole-grain waffles, berries, granola topping
Grilled chicken sandwich on white bread, no lettuce or tomato	Burger and fries, pizza, anything fried
Mac & cheese or plain buttered noodles + applesauce	Salad, raw veggies, corn, peas, beans
White rice or plain mashed potato (no skin) + baked chicken, turkey or fish + banana	Brown rice, lentils, steak or ground beef
Snacks before 2 PM: plain yogurt, pudding, gelatin (Jell-O), white crackers, pretzels, melon	Granola bars, popcorn, trail mix, fruit with the skin on

After 2:00 PM – Clear Liquids Only

No more solid food. **No dairy** — no milk, yogurt, or ice cream.

✓ OK TO DRINK	✗ SKIP THAT DAY
Water, apple juice, white grape juice	RED or PURPLE drinks or foods
Lemonade, clear soda, clear broth	Dairy (milk, yogurt, ice cream); juices with pulp
Popsicles, plain Jell-O, tea/coffee without milk	Any solid food



THE BIG PREP – the bowel-prep medicines (afternoon / evening)

Best to start right after school — don't delay too long, or your child may not finish before bedtime.

3:00 PM Give Dulcolax tablets — **2 tablets (10 mg)** — with a sip of water.

Then Start the MiraLAX solution — **14 capfuls (~238 g) of MiraLAX in 64 oz (~1900 mL) of Gatorade** — from the fridge.
Have your child drink **8 oz (~250 mL) every 30 minutes** until finished.

 Tips for drinking the MiraLAX

Drink each cup **fast** (don't sip slowly — quick drinking helps the stomach empty and reduces nausea). If your child can't keep up, pause 30 minutes and resume. If your child vomits, wait 30 minutes and restart at a slower rate.

- **Expect diarrhea** — this is normal and means the prep is working. Stool will turn light-colored or yellow (tinted by the Gatorade) — that's the sign the colon is clearing.
- Keep giving clear liquids throughout the day.
- Between prep cups and after the last cup, offer a few small sips of clear liquids every 30–60 minutes through the prep day.

RESCUE PLAN — if stools are **not clear or pale yellow 4 hours after starting** (or if no stools), give extra MiraLAX:

- **Evening:** give **4 more capfuls of MiraLAX in 16 oz of Gatorade**.
- **Morning:** give **2 more capfuls in 8 oz of Gatorade**, at least **2 hours before procedure**.

17 **Day of Procedure**

- **Clear liquids are allowed up until 2 hours before the procedure** — nothing by mouth after that. No solid food the day of.
- Bring comfort items for your child (toy, blanket, tablet, etc.).
- All three happen during the same nap. The capsule goes in early, within a few minutes of your child falling asleep; the EGD (through the mouth) and the colonoscopy follow.
- Your child will likely be given a small amount of a liquid medicine right before the procedure. It improves the pictures the capsule camera takes.
- **Tell your child what is happening afterwards** — they are the one who will be using the toilet, and the capsule must not be flushed.

 **If the bowel prep is not followed exactly, the colonoscopy may be delayed or canceled. The EGD does not need bowel prep, but the fasting rules apply to both.**



After the Procedure

After the capsule goes in

Keeping the stomach and small intestine empty while the capsule travels through gives the camera a clear view.

First 2 hours after the capsule was placed

Nothing to eat or drink (NPO).

Between 2 and 4 hours after the capsule was placed

Only clear liquids. Time: _____

At 4 hours after the capsule was placed

Time: _____ A light meal, and one more dose of MiraLAX — **1 capful of MiraLAX in 8 oz of a clear drink.**

We will write the two times in at check-in — the clock starts when the capsule actually goes in, so these are the times that count. Any pre-printed times are **estimates**; ask us if anything is unclear.

⚠ Finding the capsule is the one part of this test only your family can do. If it is flushed away or thrown out, the pictures are gone with it and the test has to be done again.



Finding the Capsule and Mailing It Back

We give you the collection kit after the capsule is placed.

- 1. Set up the silicone hat** — **“the most important piece in the kit”**. It is a collapsible cup with a perforated bottom that sits under the toilet seat. **Set it up before your child's first bowel movement after the procedure**, and use it for **every** bowel movement until the capsule is found — including on days you think it has already passed.
- 2. Keep a bottle or a cup of (warm) water next to the toilet.** Always rinse the silicone hat after stooling and look carefully for the capsule.
- 3. Use the magnetic wand** (AKA “the magic wand”) to lift the capsule out without touching.
- 4. Slide it off the wand using the lid of the box**, then put the capsule back in the small plastic box it came in (you can seal the box with the barcode stickers from the kit).
- 5. Mail it back as soon as possible.** Sealed box goes into the pre-labeled FedEx envelope, dropped at **any FedEx drop-off location, staffed or unstaffed**. Nothing to pay, no trip to our office.

The kit also has a bag for the supplies, or for carrying the silicone hat with you if you are away from home. **School is fine** — your child can go to school with the capsule inside, and the hat folds up and fits in the bag if you want to send it along. Your doctor may give a school excuse at their discretion.

If anything unexpected happens, please call us.



When to Call Us

Call us at **(317) 338-9450**. After hours, the same number reaches the provider on call.

These procedures are very safe and complications are extremely rare.

✔ What is normal

A sore throat, mild cramping and extra gas are common. Streaks of blood in the first stool or in vomit can be normal after biopsies.

⚠ Call the office — (317) 338-9450

- More than about a tablespoon of blood, in stool or in vomit
 - Stool that is black
 - A temperature over 101°F (38.3°C)
 - A severe or persistent sore throat, drooling or trouble swallowing
- Call the office, or go to the nearest emergency room if you are concerned.

Call us if you have not caught the capsule within 5 days. We may order an abdominal X-ray to make sure the capsule is not stuck.

⚠ While the capsule is inside

No MRI scan and no strong magnets near your child's body until the capsule has passed.

Do not fly on an airplane until the capsule has passed.

Metal detectors, the microwave, phones and tablets, and weak magnets such as refrigerator magnets are all fine.

⚠ If you notice any of these warning signs, you may have to go to the nearest emergency room, or call 911

- **Abdominal pain that keeps getting worse: often just a symptom, however it can signal a stuck capsule**
- **A swollen abdomen, or one that feels hard — especially if your child is not passing stool or gas**
- **Vomiting that does not stop, or vomiting green, yellow or dark material**
- **Trouble breathing, or chest pain**

Results typically take about 2–3 weeks after the capsule reaches the download center. Reports are available as a PDF, a printed copy, and online through a portal.



Tell us what you think of these instructions — scan to share quick feedback (takes about a minute).

Helpful Resources & Questions

**Prep video**

Example only — follow this handout, not the video.

**Capsule videos & questions**

Finding it, mailing it back — with videos, in nine languages.

**Patient portal**

Message us
Urgent: (317) 338-9450

**GIKids.org**

General info on pediatric GI procedures.

This information is general patient education and is not medical advice. Always follow the specific instructions provided by your child's physician. This content does not create a doctor-patient relationship. Consult your healthcare provider before making any changes to your child's prep regimen.