

Colon Transit Study

The goal of this test is to see how fast materials pass through the colon.

Starting 1 Week Before

Eat a high fiber diet or take fiber supplements as instructed. **Do not** change your diet unless you are told to do so.

Please keep a diary of your bowel habits for this same time period.

It is very important not to use any laxatives, enemas, or suppositories during the length of this study.

Steps for the Study

- **Day 1** morning, swallow one (1) capsule containing the rings.
- **Day 2** morning at about the same time, swallow another capsule.
- **Day 3** morning at about the same time, swallow the last capsule.
- The markers are made of plastic and will pass through your system harmlessly.

All three (3) capsules contain 24 radiopaque markers (total of 72).

X-Rays

- **Day 4**, go to the x-ray department that was discussed with you at the time of teaching.
- An x-ray of your abdomen will be taken on **Day 4** and possibly again on **Day 7**.
- After you have had your last x-ray, please fax your bowel diary: **608-890-5049** or mail your bowel diaries to:
Digestive Health Center
MC 9911 Attn: RN
750 University Row
Madison, WI 53705

Important

Patient needs order for abdominal flat plat X2 with a diagnosis and diagnosis code.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8285.

BOWEL DIARY

NAME: _____

<u>DATE</u>	<u>NO BM</u>	<u>TIME(AM,PM)</u>	<u>SIZE</u>	<u>CONSISTENCY</u>	<u>DIFFICULTY</u>

Please complete all rows. If you have no bowel movement on a specific day, please write NO in the "NO BM" column. Please write the coordinating number for the size, consistency and difficulty boxes.

- SIZE
1 – SMALL
2 – MEDIUM
3 – LARGE

- CONSISTENCY
1- LOOSE
2 – SOFT
3 – NORMAL
4 - HARD

- DIFFICULTY
1 – NO
2 – SOMEWHAT
3 – YES

Checklist

- Day 1** _____ **8:00 AM** **Swallow first capsule**
- Day 2** _____ **8:00 AM** **Swallow second capsule**
- Day 3** _____ **8:00 AM** **Swallow last capsule**
- Day 4** _____ **8:00 AM** **Get X-ray (abdominal flat plate)
of the abdomen**
- Day 7** _____ **8:00 AM** **Have another abdominal flat
plate X-ray taken ONLY if 25 or
more markers were identified
during the Day 4 X-ray**