

**PELLET TRANSIT STUDY**

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Diagnostic Imaging Department  
222 Medical Circle  
Morehead, KY 40351  
Office: 606-783-6761  
Fax: 606-783-6935**

**Patients:**  
These are the instructions for your  
scheduled procedure in our  
Diagnostic Imaging Department.

**Scheduling**

Your examination has been scheduled for:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **A.M./P.M.**

The above time has been reserved for you. Please arrive 15 minutes before the appointed time so you can register. When you arrive to register, please follow the guidelines below to know where to sign in:

Admitting/Registration - 6:30 a.m. to 11:00 p.m.  
Emergency Room Registration - 11:00 p.m. to 6:30 a.m.

**Purpose**

This procedure is performed in order to obtain radiographic ring study for Medicare patients to evaluate qualification for parental nutrition.

**Preparation**

Hold any motility medications a minimum of 48 hours in advance of the test.

The night before the procedure do not eat or drink after midnight until the test is complete.

**Procedure**

- A scout abdomen image will be obtained.
- The patient will take 1 SITZ marker capsule with a small amount of water.
- The patient will remain on stretcher at a 45° degree angle for the entire 6 hours with no physical activity.
- More images will be obtained at 3 hours and 6 hours.
- Imaging can be discontinued when the pellets reach the large bowel or 6 hours.

**Results**

The radiologist will review your exam and a report will be sent to your physician. Your physician will then discuss your results with you. The technologist will be unable to give you any information or interpretation about the results of your exam.

If you have questions concerning your upcoming procedure, please call the Diagnostic Imaging Department at 606-783-6761.