

Colonic Transit Time Test Using SITZMARKS®

What is a colonic transit time test?

A **colonic transit time test** helps your doctor find out if your child's colon (large intestine) moves stool (poop) at a normal speed. This is one way we can try to understand your child's constipation. The test involves having your child swallow small markers (called **SITZMARKS®**) that their doctor will track by doing an x-ray a few days later. This will let the doctor see how fast your child's colon moves. You will also keep a diary of your child's bowel movements during the testing time.

What are SITZMARKS®?

SITZMARKS® are FDA-approved, food-safe radiopaque markers (markers that can be seen in x-rays). There are 24 markers contained in 1 SITZMARKS® capsule.

What are the risks of the colonic transit time test using SITZMARKS®?

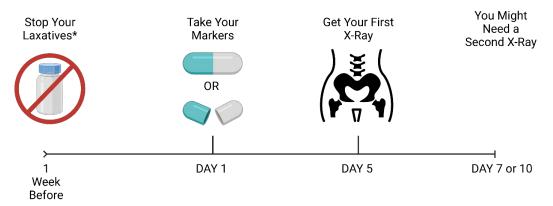
- Most of the risks for this test are related to swallowing the SITZMARKS® capsule. If you are unsure if your child will be able to swallow the pill, you can open the capsule and have them swallow the 24 markers inside with food (the steps for this are described below).
- The risk of radiation from the single x-ray for this test is very low.
- This product should not be used in patients with sensitivity to barium sulfate or any component of SITZMARKS®. Ask your provider if you have concerns, or if you're unsure if your child is sensitive to these materials.

• Ask your healthcare provider if SITZMARKS® may interact with any other medications your child takes. Check with your provider before you start, stop, or change the dose of any medication they're on.

What are the instructions for my child's colonic transit time test using SITZMARKS®?

- 1 week before starting the test, stop giving your child any laxatives (unless your provider tells you otherwise).
- On **Day 1** of the colonic transit time test, give your child 1 SITZMARKS® capsule by mouth.
 - If they can swallow the capsule whole, make sure they drink a large glass of water with the capsule.
 - o If they cannot swallow the capsule, open the capsule and put all 24 markers in a food they will be able to swallow all at once (like a spoonful of apple sauce or yogurt). Make sure you don't lose any markers!
- For the next 5 days (**Days 1-5**), keep a diary of your child's bowel movements (included at the end of this handout). Do not give your child any laxatives, enemas, or suppositories unless your provider tells you otherwise.
- On **Day 5** (5 days after your child swallows the markers), your child will have an x-ray of their stomach to see how far the markers have moved.
 - o If there are still a lot of markers (6 or more) in your child's colon, they may need to get a second x-ray on Day 7 or Day 10. Continue to keep a diary of any bowel movements they have during this time.
- If you have any questions or concerns about these instructions, please reach out to your provider that ordered your child's colonic transit time test.

Timeline of the colonic transit time test using SITZMARKS®:



^{*}Unless told otherwise by your ordering provider

What if my child doesn't get their x-rays at Michigan Medicine?

If your child has their x-rays done at a clinic other than the University of Michigan Department of Radiology, please let your provider know:

- Where their x-ray was done (include the address)
- How we can get in contact with them (include the office's phone number)
- When the x-ray was done

This information is important for us to get the x-ray images to our doctor who will interpret (read) the test results.

Patient diary and instructions:

Please fill out this diary to the best of your ability during your child's colonic transit time test. Take a picture of the diary and send it to your provider using your MiChart Portal app. If you cannot do this, please call the office for instructions on how you can get the diary to us.

Test timeline and activity	Date and time
Day 1 - Your child swallows the SITZMARKS®	
Day 5 - Your child's abdominal (stomach) x-ray	
Day 7 or 10 (if applicable) - Follow-up x-ray	

Types of bowel movements:



	Bowel movement? (Yes or No)	Laxative use?* (Yes or No – If Yes, write type)	Type of bowel movement (1 to 7, see pictures above)	Notes:
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				

^{*}Do not give your child laxatives unless the provider has instructed you to.

Is this your child's normal pattern of stooling/bowel movements? _____

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