Indications for transit measurement

1. When a patient with constipation does not respond to treatment.
3. In cases of chronic diarrhoea, when an objective measure of rapid transit is wanted.
4. Suspicion of constipation-induced diarrhoea: the test will show a slow transit despite the patient’s report of loose stools.

Instructions for transit measurement

Step 1: One capsule with 10 markers is swallowed on days 1–5. On day six, one capsule with five markers is swallowed in the morning (24 hours prior to X-ray) and another one in the evening (12 hours prior to X-ray). No laxatives or bulking agents shall be ingested.

Step 2: Abdominal X-ray or fluoroscopy on day seven.

Step 3: Calculation and interpretation.

Advantages of Transit-Pellets™

- High availability and affordable
- A cost-effective alternative to expensive methods like wireless motility capsules and scintigraphy
- Helps the physician to understand the patient’s problem and make further decision on treatment options
- Provides information about total and segmental transit times
- Can measure rapid colonic transit
- Gives a mean value for several days’ marker boluses
- Only one X-ray is needed
- Take’s women’s slower colonic transit times into consideration
- Also suitable for children and teenagers
- Suitable for therapy studies
- The method has been validated and has been used in thousands of patients
- The capsules with radiopaque markers are easy to swallow
Calculation

Colonic transit time is the equivalent of the number of daily marker doses retained. With a daily dose of 10 markers, the transit time is \( \frac{M}{10} \), i.e. the number of markers on the X-ray film (M) divided by the daily dose. If, for example, 27 markers are retained, the OATT is 2.7 days according to the formula \( \frac{M}{10} \). The upper normal value is 4.0 days for women and 2.2 days for men.

Applications

- If the colonic transit is delayed, intensified therapy should be considered with alteration of laxative treatment, motility stimulating drugs etc.
- If the patient has severe complaints of constipation but the transit time is completely normal, there is a high possibility of altered sensitivity like IBS and the therapy should be directed accordingly.
- In a very small number of patients with colonic inertia, surgical therapy may be considered (colectomy with ileorectal anastomosis) but if the transit time is normal in the cecum-ascending segment, this surgery is not indicated.
- If transit through rectum and the sigmoid colon is delayed, the possibility of outlet obstruction including pelvic floor dysfunction should be considered.

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Review the complete material: www.medifactia.com/info.pdf

Ingredients

Capsule: Hypromellose methylcellulose E464
Markers: Elastosil® R401/60, Silicone rubber (88%)
\( \text{BaSO}_4 \) powder EMPROVE (22 %)

How to order Transit-Pellets™

For orders, product samples or additional information, please contact us:
Phone: +46-31-787 70 77
Mail: order@medifactia.com

Schematic figure

Female patient with 27 markers in the colon (10 tube, 17 ring formed). Transit time is 2.7 days, i.e. normal.