



Digestive Care Physicians, LLC

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Bravo pH Study Prep Sheet

Patient Instructions

Date of Bravo pH Study: ____/____/____

Location of Procedure: _____

Arrival Time: _____am/pm Procedure Time: _____am/pm

The test will last 48 hours during which time the acid (pH) level in the esophagus is painlessly measured and recorded. Your doctor will attach a small electronic capsule to the esophagus that will transmit the acid level in the esophagus to a receiver that is worn on your belt or waistband. You will be instructed on how to keep a diary and how to utilize the receiver. You will be able to continue with your normal activities while the Bravo study is recording. When your test is completed, you will return the receiver and the diary to the **GI Lab at Northside Hospital Forsyth**.

Preparing for the Test

You should adjust your medication as described below. If your doctor has given you specific instructions, follow those directions instead.

- 1. STOP all PPI or H2Antagonist (including over-the-counter medications) 7 days prior to your test.**
 - **PPI** – Nexium (Esomeprazole), Prolisec (Omeprazole), Protonix (Pantoprazole), Prevacid (Lansoprazole), Aciphex (Rabeprazole), Kapidex, Zegerid.
 - **H2Antagonist** – Pepcid, Pepcid AC, Tagamet, Axid, Zantac.
- 2. STOP taking antacids 24-hours before the test.**
 - **Antacids** – Tums, Roloids, Maalox, Mylanta.
3. You must refrain from anything to **eat, drink, smoke or chew** after 12 midnight *prior* to your scheduled procedure. **No Exceptions!**
4. Report to Northside Hospital Forsyth Patient Registration 1 ½ hours before your scheduled appointment.
5. After the procedure is completed, you will be able to resume all of your medications except for your heartburn medicines. All heartburn medications will be restarted after the Bravo study is completed.
6. If you do not show up for your scheduled procedure or give us less than a 48-hour cancellation call you will be required to pay a \$25.00 cancellation fee. If you are delayed please contact our office immediately.

Patient Signature: _____ Date: ____/____/____

Thank you so much for allowing us to be a part of your care.