

Rochester Gastroenterology Associates, LLP

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INSTRUCTIONS FOR GASTROSCOPY WITH BRAVO pH

Name _____ Procedure _____

YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY Dr. _____

PLEASE REPORT TO:

Rochester Gastro. Assoc.
20 Hagen Drive., Suite 330
Rochester, NY 14625
Tel: (585)267-4040

Unity Hospital
1555 Long Pond Road
Rochester, NY 14626
Tel: (585)723-7119

REPORT AND REGISTRATION TIME:

DATE/DAY:

A Small capsule, about the size of a gel cap, is temporarily attached to the wall of the esophagus during an upper endoscopy. The Capsule will detach on its own in 7-10 days and will be passed through the digestive tract. The capsule measures pH levels in the esophagus and transmits readings by radio telecommunications to a receiver (about the size of a cell phone) worn on your belt or waistband. The receiver has several buttons on it that you will press to record your symptoms of GERD, eating, and sleeping. This will be explained by the nurse. The purpose of this procedure is to monitor the frequency and duration of reflux during a normal day. It is important that you eat, drink, work and exercise as you normally would. Eat foods that tend to bring the symptoms on. You may have a scratchy throat for a short time. **YOU CAN NOT HAVE AN MRI FOR 30 DAYS AFTER THIS STUDY.** The receiver must be close by you at all times. If the receiver is too far away, a beep will be heard for 30 seconds. Move the receiver closer to your chest until the beeping stops. **THE RECEIVER NEEDS TO BE RETURNED 48 HRS LATER.**

The device used in this test contains nickel. If you have a **NICKEL ALLERGY**, you may not be able to have this test. Please contact our office at (585)267-4040 or (585)227-1080 to discuss other options.

Patients who receive sedation for their procedure must have an adult transport them home. **Ubers, taxis, or any other NON-medical vehicles are NOT ACCEPTABLE** unless you have a family member or responsible adult accompany you. It is required a responsible adult stay with you since sedation effects can last well into the evening.

If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)267-4040** or **(585)227-1080** between **8:30 a.m.** and **4:30 p.m.** If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

If you are taking *any* kind of blood-thinning medications, such as **COUMADIN, PLAVIX, ELIQUIS, or XARELTO**, please inform our office at (585)267-4040 or (585)227-1080 **IMMEDIATELY**. *These medications MAY need to be stopped AS DIRECETED BY YOUR MEDICAL PROVIDER.*

1. STOP ALL PPI MEDICATION 5 DAYS PRIOR TO YOUR PROCEDURE. Unless directed otherwise by your provider.

(Examples are Dexlansoprazole (Dexilant), Omeprazole (Prilosec), Pantoprazole (Protonix), Esomeprazole (Nexium), Lansoprazole (Prevacid), Rabeprazole (Aciphex), and Zegerid.

2. There is **NOTHING** to eat or drink after midnight the night before your procedure. If your procedure is *after 12:00pm* or later clear liquids may be consumed up to 4 hours before your scheduled procedure.

3. All medications can be taken on the day of the procedure with a minimal amount of water early in the a.m. Please check with us prior to taking any **INSULIN** or any other diabetic medication on the morning of the examination.

4. ADDITIONAL INSTRUCTIONS: _____

Thank you for the opportunity to accommodate your healthcare needs.