



QUESTIONS? NEED TO CHANGE YOUR DATE?: PROCEDURE SCHEDULING: 352-331-8902 Option 4
8:00 AM -4:30 PM Monday –Friday or 352-331-8902 Option 0 after hours
For calls made after 4:30 PM leave a message with the answering service and you will receive a call back.

Bravo pH Capsule/Upper Endoscopy Prep Instructions

Use this guide to help you prepare for your procedure appointment.
Read the entire guide before beginning.

Procedure Date:	Physician: Dr.
Arrival Time:	Procedure Time:

Return the Recorder on: (96 hours/4 days after placement) between the hours of 8:00 AM and 5:00 PM.
You will need to take the recorder back to North Florida Regional Medical Center to the 3rd floor Endoscopy Department.

Procedure scheduled at:

- ☒ Endoscopy Department at North Florida Regional Medical Center (3rd Floor)
6500 W. Newberry Road, Check in the Admitting Office on the 1st Floor
888-821-1632

How do I use this guide?

Read the entire guide at least one week before your procedure. Some steps in this guide begin up to one week before your appointment. If you haven't read through the guide at least one week in advance, call your physician. Preparing for your procedure is very important. If you have questions, remember that we're here to help.

If you don't follow all the steps listed here, your procedure may be cancelled.

What does this guide cover?

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Digestive Disease Associates requires a 72-hour notice for changes in your scheduled procedure appointment to avoid a \$150 fee.
All changes and cancellations must be made thru Digestive Disease Associates procedure scheduling department: 352-331-8902

5 days before your procedure

Do I continue to take my Proton Pump Inhibitor (Nexium, Aciphex, Prevacid or Protonix)? **STOP** **CONTINUE**

If you have been instructed to stop taking your proton pump inhibitor, do so for 5 days prior to your procedure.



Blood Thinners such as Plavix, warfarin (Coumadin), Eliquis, Xarelto or Lovenox

- ☐ We will contact your doctor who prescribed the blood thinner medication to get approval to temporarily stop your medication for _____ days before your procedure.

Your labs will be drawn the day before your procedure to check you levels. After your procedure, your doctor will inform you when to restart your Coumadin.

- ☐ **STOP TAKING:** Aspirin products (Bufferin, Anacin, Ecotrin, Excedrin, Alka Seltzer, Goody's Powders, Elmiron, Pletal or Aggrenox)



Fish Oil and Iron should be held for 5 days

You may continue to take

- ☒ All other medications as directed
- ☒ Acetaminophen (Tylenol)

If you are taking any of the following medications:

GLP-1 Medications: (Exenatide(Byetta), Liraglutide(Victoza), Albiglutide(Tanzeum), Dulaglutide(Trulicity), Lixisenatide(Adlyxin), Semaglutide(Ozempic, or Wegovy), Tirzepatide(Mounjaro or Zepbound) **MUST** be held for 1 week before your procedure. Rybelsus **MUST** be held 1 day before your procedure. You also **MUST be on clear liquids the day before your procedure**

SGLT2 Medication: Empagliflozin(Jardiance), Canagliflozin(Invokana), Dapagliflozin(Farxiga), Bexagliflozin(Brenzavvy), or Januvia(Sitagliptin) **MUST** be held for 3 days before your procedure.
Ertugliflozin(Steglatro) **MUST** be held for 4 days before your procedure.

Follow special instructions if you have any of these conditions:

Diabetes Patients

- ☐ Continue medication as prescribed

Implanted cardio defibrillator patients

- ☐ **If you have an implanted defibrillator or neurostimulator, you cannot use the Bravo pH Capsule**

Pacemaker Patients

- ☐ **If you have a pacemaker you cannot use the Bravo pH Capsule**

Cardiology

- ☐ If you have been seen by a cardiologist in the last 6 months, notify procedure scheduling at 352-331-8902 Option 4

Digestive Disease Associate billing questions please call 352-756-4068

The Day of your procedure



Diabetic patients: Do not take your morning dose of insulin or anti-diabetic pills today. Bring a list of ALL your medications with you to your procedure.

If you take medication for your heart, stomach, seizure, depression, blood pressure or nerves, take your normal dose with a sip of water at least 4 hours before your scheduled time.

NO FOOD AFTER MIDNIGHT

CLEAR LIQUIDS are allowed up to 4 hours prior to your procedure.

A liquid is considered clear if you can read a newspaper through the glass.

- ☒ water
- ☒ plain tea & coffee
- ☒ carbonated beverages
- ☒ Gatorade, PowerAde, G2

JUICES

- ☒ white cranberry
- ☒ apple
- ☒ white grape
- ☒ filtered limeade, lemonade

SOUPS

- ☒ clear broth, consume

DESSERT

- ☒ gelatin
- ☒ water ices, popsicles
- ☒ clear sorbets (non-dairy)

NOTICE: Because the capsule contains a small magnet, patients should not have an MRI study within 30 days of undergoing the Bravo™ pH test

Checklist

Use this checklist to help you remember everything you need to bring with you today.

- ☐ A friend or relative over 18 years old to drive you home (you cannot take a taxi or public transit home; you will be woozy from medication). The responsible party must remain on hospital grounds. You must not drive for 16 hours after the procedure.
- ☐ Complete Yellow Anesthesia Questionnaire Form. Bring completed form to the hospital the day of your procedure.
- ☐ Photo identification (license or other form of ID)
- ☐ Insurance cards
- ☐ Funds for deductible or co-payments (credit card, check etc.)
- ☐ Remove ALL piercings
- ☐ This packet of instructions
- ☐ Other _____

Post Probe Placement Instructions

To get the most accurate results, you must eat, drink, work and exercise as you normally would. Please drink a limited amount between meals and do not sip over long periods. Do not chew gum or eat hard candy during your study. You can take a bath or shower, but do not get the recorder wet.

DO NOT take any antacid or anti reflux medications during your study.

DO take your antacid or anti reflux medication





RECORDING EVENTS—Durational events are activities with beginning and end times. These durational events are meals and lying down. To record the start of a meal or laying down period, press any button to turn the back light on, then press the corresponding button on the recorder and write down the start time as displayed on the recorder, on the Patient Diary. At the end of the meal or lying down period, press any button to turn the back light on, then press the corresponding button on the recorder again and write down the end time as displayed on the recorder and next to the start time entered earlier. Record a meal every time you eat or drink something other than water. Record a lying down period whenever you lie down or recline less than 45 degrees.

RECORDING SYMPTOMS—Possible symptoms may include heartburn, regurgitation, and chest pain. To records a symptom event, press any button to turn the back light on, then press the appropriate symptom button on the recorder then write down the time as displayed on the recorder, on the patient diary. It is not necessary to continuously press the symptom button and write down the corresponding times for the same symptom event/episode.

RECORDING MEDICATIONS—If your physician has instructed you to take your acid suppression medications during the study, you will write down the time as displayed on the recorder, on the patient Diary.



USING THE DIARY—

- Record start time of symptoms (heartburn, regurgitation, chest pain, cough, belch, and other) on the patient diary using the time on the recoder's display. (Example:Heartburn 14:18)
- Record start and end time of events (meals and lying down) on the patient diary using the times on the recorder's display. (Example: Meal 13:05 – 13:45, Lying Down 21:39 – 7:07)
- If your physician has instructed you to take your acid suppression medication during the study, record the name of your acid suppression medication and the exact times when you take your medication. (Example: Medication 13:45)
- Remember to write down the times as displayed on the recorder.

RECORDER OUT OF RANGE—If the Bravo reflux recorder is too far away from the Bravo reflux capsule and reception is weak, the receiver will beep for 30 seconds and icon  or  disappears from the screen. Move the recorder closer to you until the beeping stops and  or  reappears on the display.





RECORDER PLACEMENT WHEN LYING DOWN—You may remove the Bravo reflux recorder when lying down or you may leave it on you. If you choose to remove it, place it on a stable surface within arm's length of your chest with the display facing up and the symptom buttons facing towards you.

USING THE BUTTONS

- All button functions are active ONLY when backlight is ON. If the backlight is OFF, pressing any of the enabled recorder buttons will turn the backlight ON. Then, pressing the desired button will record the chosen event.
- Press the appropriate symptom button once for each symptom (heartburn, regurgitation, chest pain)
- Press the supine button  once when lying down or reclined less than 45 degrees, the button LED will remain illuminated until the button is pressed upon getting up.
- Press the meal button  once at the start of the meal, the button LED will remain illuminated until the button is pressed again at end of the meal. Record a meal every time you eat or drink something other than water.
- The green indicator light turns on for 3 seconds and a beep is heard (if the audio alert feature is turned on). This tells you that the symptom was recorded.

BUTTON	ACTIVITY
	Eating or Drinking (Start and End)
	Chest Pain
	Regurgitation
	Heartburn
	Lying Down (Start and End)

SAMPLE DIARY

START TIME HH:MM	END TIME HH:MM	 MEAL	 LYING DOWN	 CHEST PAIN	 REGURGITATION	 HEARTBURN	COUGH	BELCH	OTHER	MEDICATIONS	COMMENTS/STOMACH ACID MEDICATION
13:05	13:45	X									Dinner
13:45										X	Omeprazole 20 mg
14:18				X							
15:16	15:20	X									Soda
21:39	7:07		X								

PATIENT NAME: _____

RECORDER # _____

BRAVO CAPSULE LOT # _____

BRAVO CAPSULE PLACED AT _____ cm

START TIME: _____

END TIME: _____

[illegible]

All button functions are active only when backlight is ON. If OFF, pressing any of the enabled recorder buttons will first turn backlight ON and no function will be activated. Pressing the desired button when the backlight is ON will activate the desired function.

*****MEALS AND LYING DOWN PERIODS REQUIRE START TIME AND END TIME. **ONE SYMPTOM PER LINE. WRITE DOWN START TIME ONLY.**

INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

BRIEF DESCRIPTION OF PROCEDURES: Gastrointestinal Endoscopy is the examination of the digestive tract with lighted instruments. At the time of the examination, the inside lining of the G.I. tract will be inspected thoroughly and may be photographed. A small portion of tissue may be removed for microscopic study (biopsy), or the tissue may be brushed or washed to collect cells for a special study. Polyps may be removed. A narrowed portion of the digestive tract can be stretched or dilated to a more normal size.

EGD (Esophagogastroduodenoscopy) is the examination of the esophagus, stomach and duodenum.

ESOPHAGEAL DILATION is the stretching of a narrowed portion of the esophagus with a dilator.

FLEXIBLE SIGMOIDOSCOPY is the examination of the anus, rectum, and left lower colon.

ENTEROSCOPY is the examination of the small intestine.

COLONOSCOPY is the examination of the entire colon (large intestine)

POLYPECTOMY is the removal of small growths called polyps, with use of a wire loop and electric current or a cold forceps.

BANDING is the application of tiny bands to an area to reduce the risk of bleeding.

INJECTION THERAPY is the injection of a medication or solution to treat or mark an area.

BRAVO is the temporary placement of a capsule in the lower esophagus to record pH acid levels. The capsule will pass out of the G.I. tract naturally, usually within a week.

HEMWELL is a treatment for internal hemorrhoids, using a low-grade direct current applied to the base of the hemorrhoidal tissue.

ANESTHESIA is the medication administered to achieve a level of moderate to deep sedation as deemed necessary by a nurse anesthetist and physician.

THE PROCEDURE — The endoscopy will be performed with you lying on your left side. Medications will be administered through the intravenous line and oxygen will be delivered into your nose. Blood pressure, breathing, and heart rhythm will be monitored. During upper endoscopy a plastic mouth guard will be placed between your teeth to prevent damage to your teeth and the scope. During colonoscopy a rectal exam will be performed.

ALTERNATIVES: Possible alternatives vary from each patient, as some alternatives may be inappropriate for a number of reasons. However, potential alternatives include X-rays, CT (virtual colonoscopy), surgery, no examination, stool tests for blood, Cologuard for screening, or other alternatives that have been explained to you.

POSSIBLE RISK AND COMPLICATIONS: These vary in frequency among different procedures but may include:

- | | | |
|------------------|---|---|
| • Abdominal Pain | • Injury to the lining of the intestinal tract may result in a hole (perforation) of the wall | • Reaction to medication used for anesthesia, including cardiopulmonary arrest (stopping of heartbeat or breathing) |
| • Rectal Pain | • Rare possibility of a ruptured spleen | • Irregular Heart Beat |
| • Infection | • Pneumonia | • Dental damage |
| • Bleeding | • Irritation in vein at site of the IV line | • Death |

You should understand that the doctor cannot tell you about every possible risk, alternative, complication or side effect, but we did discuss the major ones. The practice of medicine is not an exact science. No guarantees have been made to you concerning the results of the procedure. The miss rate of colonoscopy ranges in various studies between 5% - 10%. Quality and accuracy of the exam is greatly enhanced by proper bowel cleansing. If bowel preparation is sub-optimal you may be advised to return for a repeat exam within a short time interval.

RECOVERY — After the endoscopy, you will be kept for a time for observation while some of the medicine wears off. The most common discomfort after the examination is a feeling of bloating from the air introduced during the examination, which resolves quickly. You may be allowed to drink liquids during recovery. The medicines leave many patients feeling tired afterwards or they may have difficulty concentrating, so you cannot return to work that day.

The endoscopist can usually tell you the results of your examination before you leave the endoscopy unit. If biopsies have been taken or polyps removed, you will be instructed to call back for results. Tissue that has been removed is sent to a laboratory for analysis and it may take several days for a report to be completed.

AFTER ENDOSCOPY — Though patients worry about the discomforts of the examination, most people tolerate it very well and feel fine afterwards. Some fatigue is common after the examination, and you should plan to take it easy and relax the rest of the day.

You should contact your doctor about the results of your test if you have any questions and especially if biopsies were taken. The endoscopy team can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

The following symptoms should be reported immediately: *Severe abdominal pain (not just gas cramps), firm or distended abdomen, vomiting, fever, difficulty swallowing/severe sore throat, crunching feeling under the skin, rectal bleeding more than a few tablespoons. If you have biopsies taken during your procedure, you should hear within 10 business days regarding the results. If not, you should call the office to get your results.*