



SYRACUSE ENDOSCOPY ASSOCIATES, LLC

5000 CAMPUSWOOD DRIVE, EAST SYRACUSE, NY 13057

WWW.SYRACUSEGASTRO.COM

(315) 234-6677

Bravo Reflux Testing

The Bravo reflux testing system provides your physician with information regarding acid reflux into your esophagus. Test results are more accurate with your help in completing a detailed dairy as well as following all instructions. This is a 48 hour test.

Watch the Bravo Patient Training Video. The link can be found at syracusegastro.com under prep instructions.

- Please be sure the office is aware if:
 - you take a blood thinner (such as Coumadin, Plavix, Xarelto, etc...). We will contact your prescribing doctor for specific instructions.
 - you have a nickel allergy.
 - you have a pacemaker or defibrillator.
- The morning of your procedure take all medications for your heart or blood pressure. Do NOT take any diuretics (water pills) the morning of your procedure.
- Due to sedation during your exam, you will not be able to drive or return to work the day of your procedure. Please arrange for a responsible adult to drive you home. If it is necessary to use a Taxi or Uber, you must have a responsible adult, like a family member or friend, accompany you on the drive home.
- You should NOT have an MRI for 30 days following your procedure.
- Reflux medications: Stop 7 days prior Do not take during your test Continue taking

EIGHT (8) HOURS PRIOR TO YOUR ARRIVAL TIME:

NO solid foods. NO milk or milk products. NO red or purple dyes. NO coffee. NO alcoholic beverages or beer. You can continue the clear liquids for four (4) more hours.

FOUR (4) HOURS BEFORE YOUR ARRIVAL TIME:

Stop all clear liquids. No gum chewing, no hard candy, and no chewing tobacco.

NOTE: Take any medications with a sip of water, at least two (2) hours before your arrival time.

BRING WITH YOU: current medication list, photo ID, insurance cards, and the questionnaire.

Clear liquids are allowed up to 4 hours before your arrival time: Water, clear fruit juices (apple, white grape, white cranberry), bouillon, Jell-O (NO red Jell-O or fruit added), Ginger ale, Gatorade (NO reds), Kool-Aid (NO reds), Seven-Up, Popsicles (NO reds), or tea (no milk).

One week prior to your appointment, you will receive a phone call from the endoscopy suite.

YOU MUST SPEAK WITH THEM or your procedure may be cancelled.

Jennifer's number is 234-6679

OFFICE USE:

Diabetic MRSA VRE ESBL C-Diff Oxygen

Pacer/Defib Bld thinners Clotting disorder Malignant hyperthermia

Appt. Date: _____

Arrival Time: _____ Procedure time: _____

Please report to:

5000 Campuswood Drive, Suite 100

East Syracuse, NY 13057

10/2024

INSTRUCTIONS CONT...

- If you are **Diabetic**, please contact the physician that manages your diabetes. They will give you instructions for adjusting your medications for the prep. Let your physician know you will not be eating/drinking anything after midnight.
- **GLP-1 medications (commonly taken for diabetes and weight loss)** : Trulicity (Dulaglutide), Bydureon BCise (Exenatide), Ozempic (Semaglutide), Wegovy (Semaglutide), Byetta (Exenatide), Saxenda (Liraglutide), Victoza (Liraglutide), Adlyxin (Lixisenatide), Mounjaro (Tirzepatide), Zepbound (Tirzepatide), Rybelsus (Semaglutide), Soliqua (insulin glargine/lixisenatide), etc....
 - ⇒ If you are taking a GLP-1 medication on a daily basis you will need to skip your dose the day of the procedure.
 - ⇒ If you are taking a GLP-1 medication on a weekly basis you will need to skip your dose the week before your procedure.
 - ⇒ If you are taking a GLP-1 medication on a monthly basis you will need to skip your dose the month before your procedure.
- Take all medications for your heart or blood pressure the morning of the test, with a sip of water. Do **NOT** take any diuretics (water pills). Examples: Furosemide (Lasix), Hydrochlorothiazide (HCTZ), Diuril, Aldactone.....
- If you take blood thinners (Aspirin, Coumadin, Plavix, etc.), please be sure we are aware of this. We will contact your prescribing doctor for specific instructions.
- **Seven (7) days prior**, do not take Phentermine (weight loss pills such as Adipex-P, Lomaira, Qsymia, etc...)
- **Two (2) days prior**
 - do not take any Viagra (Sildenafil), Cialis (Tadalafil), or any erectile dysfunction medications.
 - no recreational drugs (marijuana, etc...)
 - do not take any Adderall
- If you have had **COVID** in the 2 months prior to your procedure please let the office know before your appt.
- If there are any new medical conditions or hospitalizations since your last visit please let us know.
- **You will not be allowed to drive after your procedure OR for the rest of the day.** Please arrange for a responsible adult to drive you home. If it is necessary for you to use a Taxi or Uber, you still **MUST** have a responsible adult, like a family member or friend, accompany you on the drive home.

1. You must keep the receiver within 3 feet of you at all times during the testing period (48 hours).
2. If you should forget and move outside of a 3 foot radius of the receiver you may hear beeping and you will see a “C1” error in the display window on the top of the receiver. Place the receiver on your chest/breastbone and hold there for approximately 30 seconds to reestablish the connection between the capsule and the receiver. The error message will disappear once the connection has been re-established.
3. You may take a bath/shower during the testing period, but the receiver **must not get wet and must remain within 3 feet of you**. Please leave the receiver outside of the shower or tub while bathing. Place in a plastic sealable baggie when the recorder may be exposed to water.
4. The recorder will beep if placed more than 3 feet away. If this happens hold the recorder to the center of your chest for at least 3 seconds to recalibrate. Once it is recalibrated the beeping will stop.
5. Please use the symptom buttons on the receiver to record your symptoms during the testing period:

Symptom Button

Symptom Icon



SYMPTOM BUTTON NOTE:

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

6. Please remember to record all meals and lying down periods in your diary. You will need to record what time your meal/snack begins and ends and what time you began to lay down and what time you got up. *Note: You need to record all of your up and down times – even quick trips to the restroom at night.
7. You may drink whatever you like with meals and snacks (juices, soda, coffee, tea). Please drink limited amounts between meals. Do not sip on drinks or graze on food throughout the day. Remember to record all meals, snacks and drinks in your diary. Please do not chew gum or eat hard candy.
8. Please be sure to return your diary with your receiver at the end of the testing period.
9. The capsule will naturally fall off the wall of your esophagus and pass through your digestive system. You do NOT need to retrieve it.

If you have any problems or questions during the study, please call 315-234-6677.

BRAVO™ REFLUX RECORDER PATIENT DIARY

PATIENT INSTRUCTIONS

The purpose of this pH study is to monitor the frequency and duration of gastric reflux and how it is related to your symptoms during a normal day. To get the most accurate results, you must eat, drink, work, and exercise as you normally would. Please drink limited amounts between meals and do not sip over long periods. Do not chew gum or eat hard candy during the study. You can take a bath or shower, but do not get the recorder wet. **DO NOT** take any antacid or anti-reflux drugs during your study unless instructed to do so by your physician.

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 lying 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 record 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.

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.

