Midwest Gastrointestinal Associates PC

Tyron A. Alli, MD
Alexander B. Bernal, MD
John J. Cannella III, MD
Jason J. Cisler, MD
Rebecca A. Ehlers, MD
Derrick D. Eichele, MD
Helen Fasanya-Uptagraft, MD
Benjamin S. Hall, MD
Kimberly S. Harmon, MD
Jordan D. Holmes, MD
Grant F. Hutchins, MD
Deepti A. Jacob, MD
William C. Livingston, DO
Thomas R. McGinn, MD
Matthew M. McMahon, MD
Sheeva K. Parbhu, MD
Trevor J. Pearson, MD
Thoetchai "Bee" Peeraphatdit, MD
Rajani Rangray, MD
Kyle D. Rose, DO
Michael E. Schafer, MD
Marc A. Scheer, DO
Brian W. Ward, MD

OMAHA | BELLEVUE | COUNCIL BLUFFS | FREMONT
402.397.7057 midwestgi.com

8901 Indian Hills Drive, Suite 200, Omaha, NE 68114

Prep Instructions

Prep Instructions

ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH BRAVO PLACEMENT PATIENT INSTRUCTIONS

Procedure Details:

Procedure Date:
Procedure Check-in Time:
Procedure Time:
Procedure Location:
Scheduled with Provider:

PLEASE READ ALL INSTRUCTIONS ON THE DAY YOU RECEIVE THEM

Your provider has referred you for a/an [Special Procedures]

What is an EGD with Bravo placement?

The BRAVO capsule test provides your doctor with information regarding the amount of acid reflux you have and the length of time you experience it as you go about your normal activities. This procedure is used to determine if you have gastroesophageal reflux disease (GERD). It requires attachment of a small monitoring device onto the wall of your esophagus (the tube from your mouth to your stomach) during an endoscopic procedure called an upper endoscopy. This information will then be sent to a receiver that you will wear on your waistband or belt for 48 to 96 hours. If your procedure is scheduled at our 8901 Indian Hills Drive, Ste 100 location, you will be required to return the monitor to our 8901 Indian Hills Dr, Ste 200 office the day your test is completed by 3:00 pm. If your procedure is performed at the hospital, hospital staff will provide you with specific return instructions. You will be advised how long your test will be. You will be provided with a diary to complete during the test. Test results are more accurate with your help in completing a detailed diary. You may have a sensation of 'something' in your throat while the capsule is in place, but this is typically not painful.

Contact our office immediately at 402-397-7057 should you experience the onset of severe onset of any of the following symptoms:

1. Severe sore throat
2. Neck pain
3. Check pain
4. Abdominal pain or fever

Note: It is extremely unlikely that you will experience any of these symptoms. However, these symptoms may be an indication of a complication, which could require further medical therapy.

Contact our office immediately at 402-397-7057 if any of the following instances occur between the time you scheduled your procedure to the day of your appointment:

1. If you start a blood thinner
2. If you start a weight loss medication
3. Develop COVID or upper respiratory infection
4. If you need to RESCHEDULE or CANCEL your appointment

Note: If you are of child-bearing potential, please contact your primary provider to arrange for a urine pregnancy test seven (7) days prior to your procedure. If you are certain you cannot be pregnant and prefer to refrain from prescribed testing, you may sign a pregnancy waiver the day of the procedure confirming you cannot be pregnant.

FIVE DAYS BEFORE YOUR PROCEDURE

1. Familiarize yourself with all the instructions and contact our office at 402-397-7057 if you have any questions.
2. STOP all of the following if taking:
   Herbal supplements
   Curcumin/Turmeric
   Vitamins
   Iron supplements
3. DO NOT STOP aspirin if you have been instructed by a physician to take daily.

Acid blocking & promotility medication(s): [Acid & Promotiltiy Medication Instructions]

THE DAY BEFORE YOUR PROCEDURE

1. NOTHING TO EAT OR DRINK.AFTER MIDNIGHT
2. NO ALCOHOL, OR RECREATIONAL DRUG USE.
3. NO CHEWING/SMOKELESS TOBACCO PRODUCTS.
4. Take your morning medications before 6:00am with a few sips of water.

Additional information, if applicable, includes:

RIDE HOME:

You must have a responsible driver who had a valid driver's license to take you home. It is preferred that you have someone drive you to the scheduled location, wait while you have your procedure, and then accept responsibility for your dismissal upon leaving the facility. In the event that your driver is not present at check-in you will be expected to validate your responsible driver. If check-in staff are unable to validate your responsible driver, your procedure will be cancelled.

IMPORTANT: Public transportation is NOT an acceptable form of transportation following your procedure unless accompanied by a responsible adult. If you are scheduled at a hospital, please know individual hospital policies may require you to have a responsible adult stay with you for 24 hours post procedure.

CARING FOR THE BRAVO UNIT

1. The BRAVO unit is a computer. Do not drop or allow it to get wet.
2. You may take a shower or bath, but DO NOT submerge the unit into water or take into shower.
3. Keep monitor within three (3) feet of you at all times.
4. If the monitor is too far away, the #1 will disappear. If this happens, return the monitor toward your breastbone until the #1 returns to the corner.

DIET AND EXERCISE DURING BRAVO TEST

1. You may eat your normal diet.
2. Engage in your normal activities.
3. You may take Tylenol or over -the-counter sore throat spray if needed.

DOCUMENTATION DURING THE BRAVO TEST

MEALS:

1. Meals: Push the 'FORK AND KNIFE' button.
2. Record the beginning and end of mealtimes.
3. Record what you ate and the approximate amount.

POSITION:

1. Position: Push the RED button.
2. Record the time you lie down.
3. Record the time you get up.

SYMPTOMS:

1. Record actual time under symptom column in diary. Push corresponding button to the symptom you are experiencing.
2. Triangle = chest pain/cough
3. Circle = regurgitation/reflux
4. Square = heartburn WHAT TO BRING TO YOUR PROCEDURE:

1. Responsible adult to drive you home (NO EXCEPTIONS). If no responsible adult driver, your procedure will be cancelled.
2. Insurance card(s)
3. Photo ID

WHAT TO WEAR TO YOUR PROCEDURE:

1. Wear comfortable, loose-fitting clothing.
2. Wear flat or tennis shoes.
3. Please leave jewelry and valuables at home.

RETURNING THE BRAVO UNIT AND MEALS/SYMPTOMS DIARY:

1. If your procedure is scheduled at our 8901 Indian Hills Drive, Ste 100 location, you will be required to return the monitor to our 8901 Indian Hills Dr, Ste 200 office the day your test is completed by 3:00 pm.
2. If your procedure is performed at the hospital, hospital staff will provide you with specific return instructions.

FREQUENTLY ASKED QUESTIONS:

Q. Does my driver have to stay with me during the procedure?
A. If your driver does not wish to remain in the lobby, a contact number can be given to the nursing staff. These arrangements must be made during the check-in process, or your procedure will be cancelled. Typically, the driver can return two hours after they drop you off or they can be called prior

to your dismissal time. Public transportation can only be used if you are accompanied by a responsible adult.

Q. Will I be asleep for my procedure?
A. Yes, sedation will be provided to keep you comfortable throughout your procedure(s).

Q. When will my results of my Bravo test be available?
A. Test results are typically available to your doctor within two weeks.

Q. What if I have any problems or issues with the Bravo unit?
A. If any issues with the test, please contact [Manometry or Bravo Issues Contact]