

## Preparing for the Bravo™ pH Test

### 7 Days Before Your Test Start Date:

**STOP** all proton pump inhibitors (PPI) such as pantoprazole (Protonix®), omeprazole (Prilosec®), Zegerid®), rabeprazole (AcipHex®), or lansoprazole (Prevacid®).

### 3 Days Before Your Test Start Date:

**STOP** H2 blockers such as ranitidine (Zantac®), cimetidine (Tagamet®), famotidine (Pepcid®, Fluxid®) or nizatidine (Axid®).

### 24 Hours Before Your Test Start Time:

**STOP** taking over-the-counter antacids of any kind.

### Midnight—the night before your test:

**STOP** eating all solid food at midnight.

You may have clear liquids. Clear liquids include: Water, sports drinks, black coffee, tea, any soda (light or dark), broth, Jell-O, popsicles, and juices without pulp (NOTHING RED OR PURPLE).

### Medication:

DO NOT take acid reducing medications.  
**TAKE ALL OTHER PRESCRIPTION MEDICATIONS AS USUAL.**

### 2 Hours Before Your Arrival Time:

**NOTHING BY MOUTH** until after your test. No water, no gum, no mints. **NOTHING BY MOUTH.**

**A RESPONSIBLE DRIVER MUST REMAIN IN THE FACILITY THROUGHOUT YOUR APPOINTMENT IF YOU ARE TO BE SEDATED. (~90 minutes total)**

### Medications:

- Take all your regularly prescribed medications at least two (2) hours before you arrive. **If you have an inhaler, please bring it with you.**

### Diabetics:

- Test your blood sugar before coming in for your procedure and bring the reading with you.
- If you take oral medication or insulin, DO NOT take it the morning of your procedure.
- Bring your insulin with you.
- Please contact the physician that manages your diabetic care if you have any questions regarding your oral medication or insulin dosages.

### Blood Thinners:

- If you are taking blood thinners, call your prescribing physician and ask if you may stop taking the medication for the required amount of time prior to your procedure.
- You may continue taking aspirin, ibuprofen and other anti-inflammatory medications.

### Bring with you:

- **Complete paperwork forms** that were sent to you
- **Photo ID and Insurance Card**
- **List of all medications**, vitamins and supplements you are taking (include dosage and last date and time each medication was taken before your arrival)

Arrive at the Endoscopy Center at your scheduled time. Please call us if you have any questions regarding your preparation.

**Granite Peaks Endoscopy**  
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