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48 HOUR Bravo pH MONITORING

INSURANCE

Please be certain your referring doctor has obtained insurance authorization and provides our office with a copy. They may fax it to us at (650) 723-8305. Ultimately it is your responsibility to ensure that authorization has been obtained.

PROCEDURE

48-hour Bravo pH Monitoring is a test to assess whether acid is coming back into the esophagus from the stomach, causing pain, nausea, heartburn, chest pain, etc. This test involves placing a pH capsule approximately the size of a gelcap that is attached to your esophagus with the use of an endoscope. The procedure to place the capsule is through an upper endoscopy this is done under conscious sedation. Therefore, you will need someone to drive you for your procedure. They will not be able to the exam if you do not have someone that will accompany you home. During this monitoring, you will keep a diary of any symptoms you experience, and record exact times for when you eat and when you are lying down. The capsule naturally falls off the wall of the esophagus and passes through your digestive tract and is eliminated from the body. Please wear comfortable two-piece clothing.

Please note you must return to the lab 2 days after the procedure to return the recorder.

PREPARATION

If you are having this test, please do not take the following medications **7 days** prior to the study:
Proton-Pump Inhibitors: omeprazole (Prilosec), lansoprazole (Prevacid), rabeprazole (Aciphex), pantoprazole (Protonix), esomeprazole (Nexium)

If you are having this test, please do not take the following medications **7 days** prior to the study:
H2 Blocking Agents: cimetidine (Tagamet), nizatidine (Axid), ranitidine (Zantac), famotidine (Pepcid)

If you are having this test, please do not take the following medications **1 day** prior to the study:
Antacids: Tums, Roloids, Maalox, Gaviscon, Carafate

Please check with your physician to make sure that it is safe for you to go without these medications prior to the test.

Nothing by mouth after midnight the night before and do not eat or drink 8 hours prior to the study.

Please arrive in registration at: _____
For your procedure at: _____
With: _____

Please call if you have any questions. If you need to change or cancel this appointment please notify us at least two weeks in advance at (650) 725-4290. This will enable us to schedule another patient for that appointment time.