Pre-Procedural Instructions for 48 Hour wireless Bravo pH Study: On Medication

Welcome to the MGH GI Motility Unit. We would like to make your stay as pleasant and safe as possible. Please read these instructions carefully before your 48 hour wireless Bravo pH study.

Please plan to spend about two to three hours in our unit for your procedure. We will do everything possible to avoid a delay in your procedure, but emergencies may interrupt the schedule.

What you need to do BEFORE you arrive for your procedure:

1. Call 866-211-6588 to update your registration (if not done within 6 months).

2. Be sure you have made arrangements for someone to escort you home after the procedure. You will be receiving sedation and you cannot drive for 12 hours after the procedure. Your escort must meet you in the endoscopy unit when you are ready to go home. If you don’t have an escort on the day of your procedure, your procedure will be CANCELLED and rescheduled.

3. Be sure you have an insurance referral, if required by your insurance company.
• FIVE DAYS before your procedure:

1. If you take COUMADIN, PLAVIX, we recommend that you stop these medications. Please contact your medical doctor or cardiologist for specific instructions. You will start these medications again after the procedure unless otherwise instructed.
2. If you have diabetes and take medication to control your blood sugar, contact your medical doctor or diabetes doctor for instructions about how to take your diabetes medication while preparing for this procedure.

• ON THE DAY of your procedure:

1. Take all of your usual medicines except Coumadin and Plavix. If you take INSULIN, take 1/2 your usual dose.
2. If you have a medical condition requiring antibiotics before or after procedures, we will decide whether you need antibiotics before we start the procedure.
3. If your procedure is scheduled BEFORE NOON, do not eat or drink anything after midnight on the night before the procedure.
4. If your procedure is scheduled AFTER NOON, you may have a clear liquid breakfast, which includes water, tea, black coffee, clear broth, apple juice, Gatorade, soda, Jell-O (except red Jell-O). Do not eat or drink anything after 8:00 a.m.
5. Wear loose-fitting, comfortable clothes.

Please bring these things WITH YOU to your procedure:

1. A list of all of your medications, including the doses
2. Your blue MGH identification card
3. The name and phone number of your escort.

AFTER your procedure:

1. You may eat your usual diet after the procedure.
2. You may return to work the day after the procedure.

HELPFUL HINTS FOR PATIENTS UNDERGOING 48 HOUR PH TESTING:

1. If you have questions about your procedure, call the Patient Information Line at (617) 726-0388 and leave a message. A registered nurse will return your call.
2. Answers to frequently asked questions are available on our website under pH testing at: www.massgeneral.org/gastroenterology/endo_FAQ.htm
I have explained to the patient/family/guardian the nature of the patient's condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches. I have discussed the likelihood of major risks or complications of this procedure including (if applicable) but not limited to drug reactions, hemorrhage, infection, complications from blood or blood components. I have also indicated that with any procedure there is always the possibility of an unexpected complication.

I have given the patient written teaching materials to help inform him/her.

Conscious sedation is being used for this procedure and I have explained that risks include suppressed breathing, low blood pressure and occasionally incomplete pain relief.

The following additional issues were discussed.

All questions were answered and the patient/family/guardian consents to the procedure.

________________________________________________________  __________________________
(Physician/Licensed Practitioner Signature)                  Date: _______________________

________________________________________________________
Has explained the above to me and I consent to the procedure. I understand that Massachusetts General Hospital is an academic medical center and that residents, fellows and students in medical and allied disciplines may participate in this procedure. In addition, I understand that tissue, blood or other specimens removed for necessary diagnostic or therapeutic reasons may subsequently be used by the Hospital or members of its Professional Staff for research or educational purposes.

________________________________________________________
(patient’s/health care agent’s/guardian’s/family’s signature*)

*(if patient’s signature cannot be obtained, indicate reason in comments section above.)