



## GASTROINTESTINAL MEDICINE ASSOCIATES, INC.

www.GIMEDRI.com

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**PLEASE READ ALL OF THE ENCLOSED INSTRUCTIONS AND ATTACHED SHEETS:**

**\*\*\*PLEASE REVIEW THE ATTACHED SHEETS AND BRING THIS PACKET WITH YOU THE DAY OF THE TEST!\*\*\***

NAME \_\_\_\_\_ Holding Medications? \_\_\_\_\_

Your Upper Endoscopy – 48 Hour Bravo Capsule Placement is scheduled at South County Hospital (100 Kenyon Avenue, Wakefield, RI 02879) ON \_\_\_\_\_ ARRIVE AT \_\_\_\_\_

Please report to the main entrance of the hospital (underneath the dome) and see the volunteers at the information desk. They will escort you to the endoscopy center waiting area.

**YOU WILL BE KEEPING A RECORDER DEVICE WITH YOU FOR THE DURATION OF THE TEST – THIS DEVICE MUST BE RETURNED TO THE ENDOSCOPY UNIT 48 HOURS AFTER THE TEST!!**

**\*\*IF YOUR PROVIDER HAS INSTRUCTED YOU TO HOLD MEDICATIONS PRIOR TO THIS TEST PLEASE FOLLOW THESE INSTRUCTIONS:** (If you are not sure on whether or not to hold medications, please call the office.)

**\*\* 7 DAYS PRIOR TO THE EXAM DISCONTINUE** the use of Proton Pump Inhibitor medications such as: Omeprazole (Prilosec), Pantoprazole (Protonix), Lansoprazole (Prevacid), Esomeprazole (Nexium), Rabeprazole (Aciphex), Dexilant.

**\*\* 3 DAYS PRIOR TO THE EXAM DISCONTINUE** the use of H2 Blockers such as: Famotidine (Pepcid), Cimetidine (Tagamet), Nizatidine (Axid).

**\*\* 1 DAY PRIOR TO THE EXAM DISCONTINUE** the use of Antacids such as: Tums, Alka-Seltzer, Maalox, Mylanta, Rolaids.

**DO NOT HAVE YOUR SUPPER AFTER 7 PM THE NIGHT BEFORE THE PROCEDURE. YOU MAY HAVE CLEAR LIQUIDS FROM 7 PM UNTIL MIDNIGHT. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE EVENING BEFORE THE PROCEDURE.**

**\*\*\*\*\*CLEAR LIQUID DIET\*\*\*\*\***

SOUPS: clear broth, bouillon BEVERAGES: tea, coffee, Kool-Aid, carbonated beverages. Do not use milk or cream in your coffee or tea. JUICES: white cranberry, apple, white grape, strained lemonade—any juice that you can see through and has no pulp is acceptable, except for red juices. DESSERTS: Italian ice, popsicles, Jell-O (except red).

The use of blood thinning medications or anti-coagulants, such as COUMADIN, PLAVIX, AGGRENOX, ELIQUIS, PRADAXA ETC. should be discussed with the medical provider prior to the exam, you will be given instructions regarding these medications. If you are taking ASPIRIN, please DO NOT STOP it prior to the procedure unless otherwise instructed.

**YOU WILL NEED A DRIVER THE DAY OF THE PROCEDURE. A CAB/UBER IS NOT ACCEPTABLE UNLESS ACCOMPANIED BY A COMPANION.**

**\*SOUTH COUNTY HOSPITAL REQUESTS YOUR RIDE BE A MAX OF 30 MINUTES AWAY, AND BE REACHABLE BY PHONE\***

- Women of child bearing age (11-55) will need to take a pregnancy test upon arrival.
- You will need to bring a list of your medications & dosages and a list of allergies and types of reaction to the hospital the day of the procedure.
- Patients need to bring their reading glasses and hearing aids on the day of the procedure.
- Wear comfortable clothing and leave valuables at home
- You should **NOT** have an MRI within 30 days from the day the Bravo Capsule was placed.

**WE REQUIRE A 48 HOUR NOTICE IF YOU CANNOT MAKE YOUR APPOINTMENT FOR A PROCEDURE; OTHERWISE, THERE WILL BE A CHARGE OF \$100.00**

If you have any questions or concerns, please call **401-943-1303** or **401-789-1860** Extension: \_\_\_\_\_



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1150 Reservoir Avenue - Suite 201  
Cranston, RI 02920  
(401) 943-1300

360 Kingstown Road - Suite 202  
Narragansett, RI 02882  
(401) 789-1860

3461 So. County Trail - Suite 301  
E. Greenwich, RI 02818  
(401) 943-1300

268 Post Road - Specialty Suite  
Westerly, RI 02891  
(401) 789-1860

ATTN Patients:

### All Procedures:

When you have an insurance plan with a deductible, we generally require advance payment before scheduling a procedure (unless prior arrangements have been made). This deposit is an estimate, the actual cost may be more or less depending on how your insurance plan processes the claim.

### Screening Colonoscopy Information:

Our policy is to not collect a deposit for colonoscopies because the deductible may not apply due to screening benefits. Generally, insurance companies will cover a routine screening colonoscopy, and repeat procedures for personal histories of colon polyps, family history of colon polyps or cancer; which may be covered due to the high-risk factors. However, depending on the reason and type of colonoscopy done you may still be responsible for any balance. If a colonoscopy is scheduled for any other reason, it will then be considered a diagnostic colonoscopy and may apply to your deductible or out of pocket costs at the time of the procedure.

Before you have your colonoscopy (screening or otherwise), ask your insurance company how much (if anything) you should expect to pay for it. Find out if this amount could change based on what's found during the test. For example, ask your plan if a screening colonoscopy can become diagnostic; meaning that if a biopsy is taken during the procedure, will your responsible portion for the procedure change. This can help you avoid surprise costs.

PLEASE CHECK WITH YOUR INSURANCE COMPANY FOR BENEFIT DETAILS REGARDING YOUR PROCEDURE. THIS MUST INCLUDE BENEFITS FOR THE HOSPITAL OR FACILITY WHERE YOUR PROCEDURE IS SCHEDULED.

If you have any questions, please contact our billing department at 401-943-1300.

Thank You,

Billing Department

# BRAVO™ REFLUX TESTING SYSTEM

## Procedure Flowsheet

### Pre-op assessment and education

Patient Name: \_\_\_\_\_ Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for study: \_\_\_\_\_

Is the patient to be tested: ☐ On medications ☐ Off medications

If testing **off** medications, note the date that the medications were discontinued: \_\_\_\_\_

If testing **on** medications, list PPI and H2 medications and dosage: \_\_\_\_\_

**Caution:** The Bravo™ capsule contains a trocar needle that is made of stainless steel. Use caution in patients with known sensitivities or allergies to the metals that are contained including chromium, nickel, copper, cobalt, and iron.

**The following are contraindications for this procedure.**

**Notify the physician if the patient answers "yes" to any of the following contraindications.**

Pacemaker or defibrillator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severe esophagitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding diathesis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Esophageal varices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood thinners	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stricture or obstruction	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Recorder and diary instructions:

Recorder #: \_\_\_\_\_ CapsuleID #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Recorder fully charged: ☐ Yes ☐ No

Patient verbalizes understanding of the diary and recorder instructions: ☐ Yes ☐ No

If recorder buttons were reassigned, please list reassigned symptoms:



Nursing signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Endoscopy

#### Preparing the delivery device and vacuum pump:

- Confirm that the capsule trocar needle has not advanced into the suction chamber of the capsule. ☐ Confirmed
- Confirm that the vacuum flow knob is turned to maximum. ☐ Confirmed
- Assess the suction of the vacuum pump by occluding the end of the suction tubing with a gloved finger and verify that the vacuum gauge reading is at least 575 mmHg.\* Note vacuum gauge reading: \_\_\_\_\_
- Assess the Bravo™ delivery device by covering the suction chamber on the Bravo™ capsule with a gloved finger and verify that the vacuum gauge reading is at least 550 mmHg. Remove your finger from the suction chamber. Verify that the vacuum gauge reading drops by at least 50 mmHg (500 mmHg or lower). Note vacuum gauge reading: \_\_\_\_\_  
\_\_\_\_\_ Confirmed pressure drop:

#### Bravo™ capsule placement:

- During the Bravo™ capsule placement, allow the vacuum level to stabilize by at least 550 mmHg and allow 30 seconds for the tissue to fill the suction chamber prior to the deployment of the capsule. If the patient starts to cough or gag, allow for an additional 30 seconds. ☐ Confirmed

\* See instructional manual for guidance in areas above sea level.

SCJ located at \_\_\_\_\_ cm from the incisors. The Bravo™ capsule is placed at \_\_\_\_\_ cm (6cm) above the SCJ.

Nursing signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Discharge

#### Post-procedure:

Patient and family/friend verbalized understanding of the Bravo™ reflux testing system instructions, emergency contact information and recorder return procedure: ☐ Yes ☐ No

Additional comments: \_\_\_\_\_

Nursing signature: \_\_\_\_\_ Date: \_\_\_\_\_











# BRAVO™ REFLUX TESTING SYSTEM

## Patient Instructions

Medtronic



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 diary as well as following the instructions below:

- ☐ Your physician has asked that you continue your medication during testing. Please record in your diary any medication you take for your reflux.
- ☐ Your physician has asked that you discontinue your reflux medication for this test. Please do not take any prescribed medication for the treatment of your reflux during the testing period.
- 1. You must keep the recorder within 3 feet of you at all times during the testing period
- 2. If you should forget and move outside of a 3-foot radius of the recorder you may hear beeping for 30 seconds and the icon **1** (for 48-hour procedure) disappears from the screen to indicate loss of communication. Move the recorder closer to you until the beep stops and the **1** icon reappears on the screen.
- 3. You may take a bath/shower during the testing period, but the recorder **must not get wet and must remain within 3 feet of you**. Please leave the recorder outside of the shower or tub while bathing.
- 4. Please use the symptom buttons on the recorder to record your symptoms during the testing period:

SYMPTOM BUTTON	SYMPTOM ICON	
		Chest Pain
		Regurgitation
		Heartburn

### SYMPTOM BUTTON NOTE:

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

- 5. Please remember to record all meals, drinks and snacks by pressing the Meal Button  once at the start of the meal and once at the end of the meal. In between the two presses, the button LED will blink until the button is pressed to mark the end the event.
- 6. You may drink whatever you like with meals and snacks (juices, soda, coffee, tea). Please drink limited amounts of plain water (not flavored) between meals and do not sip over long periods (plain water drinks do not need to be recorded). Please do not chew gum or eat hard candy during the monitoring period.
- 7. Press the Supine Button  once when lying down for bed and once at the end of the lying period. In between the two presses, the button LED will blink until the button is pressed to mark the end the event. **Note:** You need to record all of your up and down times – even quick trips to the restroom at night or lying down on the couch.
- 8. Please be sure to return your diary with your recorder at the end of the testing period. You should not have an MRI within 30 days from the day the Bravo™ reflux capsule was placed.

### Return the diary and recorder to:

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you should have any problems or questions during the study, please call: \_\_\_\_\_

**Caution:** Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner. Rx only.

**Risk Information:** The risks of the Bravo™ reflux testing system include premature detachment, discomfort, failure to detach, failure to attach, capsule aspiration, capsule retention, tears in the mucosa, bleeding, and perforation. Endoscopic placement may present additional risks. Medical, endoscopic, or surgical intervention may be necessary to address any of these complications, should they occur. Because the capsule contains a small magnet, patients should not have an MRI study within 30 days of undergoing the Bravo™ reflux test. Please consult your physician for further information.

# BRAVO™

## REFLUX RECORDER PATIENT DIARY

Given Imaging

### 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.

### IF YOU HAVE ANY QUESTIONS

OR ENCOUNTER TECHNICAL ISSUES DURING YOUR STUDY,

CALL \_\_\_\_\_

AT \_\_\_\_\_

PATIENT NAME/ID: \_\_\_\_\_

RETURN RECORDER ON: \_\_\_\_\_

AT: \_\_\_\_\_:\_\_\_\_ HH:MM

☐ DO ☐ DO NOT TAKE ACID SUPPRESSION  
MEDICATION: \_\_\_\_\_

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# BRAVO™ REFLUX RECORDER PATIENT DIARY

Do Not have an MRI during or after this test for 30 days.





## USING THE BUTTONS

- All button functions are active **ONLY** when backlight is ON. If backlight is OFF, pressing any of the enabled recorder buttons will turn the backlight ON. Then, pressing the desired button will record the chosen event.
- Press the appropriate symptom button once for each symptom (heartburn, regurgitation, chest pain).
- Press the supine button  once when lying down or reclined less than 45 degrees, the button LED will remain illuminated until the button is pressed upon getting up.
- Press the meal button  once at the start of the meal, the button LED will remain illuminated until the button is pressed again at end of the meal. Record a meal every time you eat or drink something other than water.
- The green indicator light turns on for 3 seconds and a beep is heard (if the audio alert feature is turned on). This tells you that the symptom was recorded.

## USING THE DIARY

- Record start time of symptoms (heartburn, regurgitation, chest pain, cough, belch, and other) on the patient diary using the time on the recorder's display. (Example: Heartburn 14:18)
- Record start and end time of events (meals and lying down) on the patient diary using the times on the recorder's display. (Example: Meal 13:05 - 13:45, Lying Down 21:39 - 7:07)
- If your physician has instructed you to take your acid suppression medications during the study, record the name of your acid suppression medication and the exact times when you take your medication. (Example: Medication 13:45)
- Remember to write down the times as displayed on the recorder

## RECORDER OUT OF RANGE




If the Bravo reflux recorder is too far away from the Bravo reflux capsule and reception is weak, the receiver will beep for 30 seconds and the icon  or  disappears from the screen. Move the recorder closer to you until the beeping stops and  or  reappears on the display.

## RECORDER PLACEMENT WHEN LYING DOWN

You may remove the Bravo reflux recorder when lying down or you may leave it on you. If you choose to remove it, place it on a stable surface within arm's length of your chest with the display facing up and the symptom buttons facing towards you.

BUTTON	ACTIVITY
	Eating or Drinking (Start and End)
	Chest Pain
	Regurgitation
	Heartburn
	Lying Down (Start and End)

## SAMPLE DIARY

START TIME HH:MM	END TIME HH:MM	MEAL 	LYING DOWN 	CHEST PAIN 	REGURGITATION 	HEARTBURN 	COUGH	BELCH	OTHER	MEDICATIONS	COMMENTS/STOMACH ACID MEDICATION
13:05	13:45	X									
13:45										X	Dinner
14:18				X							Omeprazole 20 mg
15:16	15:20	X									
21:39	7:07		X								Soda

PATIENT NAME: \_\_\_\_\_

RECORDER # \_\_\_\_\_

BRAVO CAPSULE LOT # \_\_\_\_\_

BRAVO CAPSULE PLACED AT \_\_\_\_\_ cm

START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

[illegible]

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

**\*\*MEALS AND LYING DOWN PERIODS REQUIRE START TIME AND END TIME. \*\*ONE SYMPTOM PER LINE, WRITE DOWN START TIME ONLY.**