

GASTROSCOPY/EGD BRAVO PREP INSTRUCTIONS

You are scheduled on _____ with Dr. _____

Be at the marked location by _____ AM / PM ***Plan to be at the facility for approximately 3 hours.***

*You will be sedated and **MUST** bring someone over the age of 18 years old to **stay** with you and drive you home safely. No one will be allowed to Uber/Lyft/Taxi/bus, unless accompanied by a responsible adult. Please note that you cannot drive for 24 hours after anesthesia.*

MEDICATIONS:

- If you are taking ANY blood thinners, i.e. Coumadin (Warfarin), Plavix, Pradaxa, Pletal, Eliquis, Effient, Xarelto, Brilinta, call our office for instructions on the possibility of stopping the medicine.
- You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's, Asthma or Myasthenia Gravis medications (if normally taken in the morning) **4 hours before your procedure, with a small sip of water**
 - All other medications can be taken after the procedure.
- If you take any dosage of Aspirin – **DO NOT STOP TAKING IT!** Continue as normal.
- Unless specified below, continue your medications like normal.
- **For INSULIN dependent patients** – please call the doctor that controls your diabetes for instructions.

ONE WEEK PRIOR:

- **Stop** taking Ozempic/Wegovy/Mounjaro/Semaglutide

FIVE DAYS PRIOR:

- **Stop** any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E and/or Herbal Medicine.
- **Stop** any diet/appetite suppressants, such as phentermine.
- **Stop** taking any ADHD/ADD medications i.e., Adderall/Vyvanse, if your body allows you to stop this medication.

ONE DAY PRIOR:

- **Avoid** using un-prescribed recreational/street drug(s) including marijuana.
- **DO NOT** take any **ORAL** Diabetic medication.



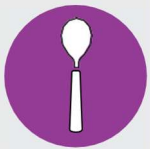
IF YOU ARE SICK, have ANY cold symptoms, taking antibiotics, pending Heart/Pulmonary testing, or have any major changes in your medical history – Please Call Our Office Immediately for Instruction.

1 DAY PRIOR to your procedure, consume only a **CLEAR LIQUID DIET after 6 pm**. A clear liquid diet consists only of liquids that you are able to read a newspaper through. **NO SOLID FOODS!** No alcohol, milk/milk products, or non-dairy creamers.

NO RED OR PURPLE!

CLEAR LIQUID DIET INCLUDES (limiting yourself to only water will make you nauseous/vomit when starting prep):

- Water, mineral water
- Clear fruit juices without pulp (apple, white grape, white cranberry, lemonade, etc.)
- Clear carbonated and non-carbonated soft drinks
- Sports drinks (Gatorade, Powerade), Pedialyte and/or Ensure Clear
- Broth (chicken, beef, vegetable, or bone broth)
- Popsicles, Sorbets, or gelatin (such as Jell-O)
- Coffee or tea (without milk or cream; sugar is okay)



FINANCIAL POLICY: Any Co-pay and/or Deductibles will be collected at the time of service.

Please call our billing department for further assistance at 407.896.1726 ext. 405, prior to the procedure date.

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YOUR PREPARATION:

NIGHT BEFORE your procedure, **do not eat solid foods after 6:00PM**. You may have a normal diet until 6:00pm. Clear liquids can be consumed until four hours prior to your procedure time.

What you need to know about the BRAVO:

Data is transmitted to the receiver when the capsule and receiver are within three (3) feet of each other. You can place the receiver outside the shower or on your nightstand at night. You will go home with a diary to write down the times of when you have any reflux symptoms, when you eat and/or when you lie down. Your test will last about 72 hours. It will automatically shut off after the 72 hours have been completed.

You MUST return the receiver to the facility on _____ between 6:00 – 8:00 am. It's important to return it on time as there are other patients waiting for the same scheduled procedure and will need the receiver.

The information transmitted to the receiver will be downloaded and a report will be given to your doctor for interpretation. Results are available about two (2) weeks after your test. Several days after the test the capsule will naturally fall off the wall of the esophagus, pass through your digestive tract and be eliminated from your body. Restrictions apply as the capsule has a magnet on it.

NO MRI studies 30 days after your BRAVO procedure.

STAY HYDRATED with at least 12 tall glasses (about 8-10 ounces each) of clear liquids throughout the evening, to prevent dehydration.



4HOURS BEFORE your procedure, you should **STOP DRINKING ALL CLEAR LIQUIDS**. This means that you should not have anything by mouth 4 hours before your procedure and onward. This includes no breath spray, candy, gum, mints. You may brush your teeth.

****FAILING TO FOLLOW INSTRUCTIONS WILL RESULT IN CANCELLING OF YOUR PROCEDURE (fee applies) ** WE REQUIRE A 72 HOUR NOTICE FOR ANY CANCELLATIONS/reschedules TO AVOID A \$150 CHARGE**

☐**CENTER FOR DIGESTIVE ENDOSCOPY**

1817 N MILLS AVE
ORLANDO, FL 32803

☐**SUMMERPORT SURGERY CENTER**

5151 WINTER GARDEN VINELAND RD
STE 108
WINDEREMERE, FL 34786

☐**ADVENT HEALTH WINTER GARDEN ASC**

2000 FOWLER GROVE BLVD
WINTER GARDEN, FL 34787

☐**SOUTH LAKE ENDOSCOPY**

2040 OAKLEY SEAVER DR
CLERMONT, FL 34711

☐**ADVENT HEALTH ORLANDO**

601 E ROLLINS ST
ORLANDO, FL 32803

☐**ADVENT HEALTH, HEALTH VILLAGE**

2415 N ORANGE AVE
STE 201
ORLANDO, FL 32804

☐**ORLANDO HEALTH**

52 W UNDERWOOD ST
ORLANDO, FL 32806

PATIENT SIGNATURE: _____ DATE: _____