



**Division of Gastroenterology and Hepatology**

<b><u>Date:</u></b> ***	<b><u>Arrival Time:</u></b> ***
<b><u>Location:</u></b> Strong Memorial Hospital, Take the Silver Elevators to the 5th floor. 601 Elmwood Ave, Rochester NY 14642	<b><u>Dr.</u></b> ***
*You may be here for up to 3 hours	

We are pleased that you have chosen UR Medicine for your medical care. Enclosed with this letter you will find the following:

1. **Procedure preparation instructions.** Please review these instructions now to be sure you understand and are able to complete prior to your scheduled appointment. If you should have concerns regarding these instructions or your ability to complete the preparation to its fullest extent, please contact our nursing staff prior to your procedure.
2. **Consent, Cost & Financial Assistance.** There is a sample consent copy available on our website: [www.gastro.urmc.edu](http://www.gastro.urmc.edu). The actual consent form will be reviewed with you on the day of your procedure for your written and/or verbal permission (***For screening colonoscopy, please refer to screening or diagnostic reference for important information regarding coverage and out – of – pocket costs***). If you have any questions on the cost of your procedure, please contact our UR Medicine Cost Estimation line at 585-758-7801.
3. **COVID Testing:** Guidance for COVID-19 testing prior to procedure, regardless of vaccination status, continues to be evaluated by NYS DOH. **You will be contacted within 1-2 weeks of your scheduled procedure with instructions regarding current COVID-19 testing protocols.**

**Please be advised of our no show or cancellation policy.** We have reserved this time for personal attention to your medical care. If you are unable to keep this appointment please notify us within 5 business days so that we can reschedule your procedure and utilize this time to serve other patients. Please contact us at 585-275-4711 with any questions or concerns.



## Hydrogen Breath Test Prep Instructions

- **For four (4) weeks** before your test, you should not take any antibiotics by mouth. If on Erythromycin for gastroparesis, you may continue this. Please call if you have questions regarding other antibiotics.
- **For one (1) week** before your test, do not take any laxatives or stool softeners (for example Colace, Milk of Magnesia, Ex-Lax, Miralax) or fiber supplements (for example Metamucil or Citrucel). You should also not undergo any test that requires cleansing of the bowel, such as colonoscopy or barium enema within one week before the test.

- **The day before your test:**

You may consume ONLY the following foods and drinks:

Plain white bread, plain white rice, baked or broiled chicken, turkey or fish, eggs, water, broth (clear chicken or beef broth), or non-flavored black coffee. Only salt and pepper may be used to flavor your food.

Butter, oil or margarine is not permitted. Soda Pop/cola drinks are not permitted.

**DO NOT EAT OR DRINK ANYTHING ELSE**—it could give false results for the test.

- **For 12 hours before your test:**

You must stop eating and drinking 12 hours before the test.

If you eat within 12 hours of your test, we will cancel your appointment when you arrive and you will need to be rescheduled. For example, if your test is at 8:00 a.m., you would stop eating and drinking at 8:00 p.m. the night before. You may continue to take your usual prescription medicines the night before the test.



- **The day of your test:**

- **You should not eat or drink anything in the morning.** This includes chewing gum, breath mints or candy. You may take your prescription medications with a small amount of water. If you are diabetic requiring insulin or diabetic pills, ask your physician if you should change your morning dose.
- **Two hours before the test, brush your teeth. Do not use mouthwash the morning of your test.**
- **No smoking, including second-hand smoke for at least one hour before or at any time during the test.**

Your test may last for two to three hours. Please allow yourself sufficient time to complete your test.

You may wish to bring a book, magazine or office work to your appointment. Wireless internet is available.

If you have questions regarding the test or your appointment, please call 275-4711.

### **The Test Procedure**

- IF YOU DO NOT FOLLOW THE PREPARATION AS OUTLINED ON THE PREVIOUS PAGE, YOUR TEST WILL BE CANCELLED.
- The technician will verify that you have not had anything to eat or drink after 8 p.m.
- A breath sample will be collected by having you exhale into a bag.
- A solution will be given to drink. You should drink this whole amount.
- Breath samples will be collected every 20-30 minutes. After each sample is collected, the sample will be removed from the bag with a syringe, allowing collection of another sample into the bag.



- During the test, you should take notice of your symptoms and inform the technician if you have your typical symptoms for which the test is being performed.
- During the test, you should not eat, chew candy, smoke, sleep, or exercise.
- When the test is over, generally after two to three hours, you may leave. You may return to your usual diet and activity after the test.
- The report will be sent to your doctor. If you do not have the test results within 10 days, please contact your ordering provider.