

Upper Endoscopy with Bravo Capsule Placement



Archbold
Gastroenterology

Description

An upper endoscopy, also called esophagogastroduodenoscopy (EGD), is a procedure used to look at your upper digestive system. This is done with the help of a small camera with a light on the end of a long, bendable tube. During a Bravo capsule placement, your doctor attaches a small capsule to the lower part of your food pipe. It will fall off on its own in about a week and will be expelled with your normal bowel movement. The capsule is able to measure the acidity in your food pipe. It sends that information to a recorder which you will wear around your neck for the next 48 hours. This test is performed to diagnose acid reflux and may help decide if surgery is indicated. You will be given a “diary” to record your symptoms and the time periods when you are eating or lying down. It is important that you follow the Bravo instructions carefully.

Preparation

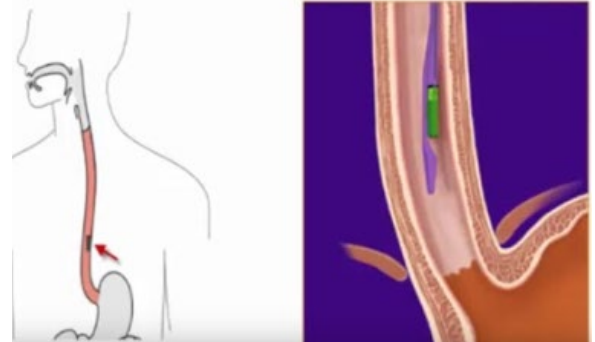
- Please make sure to follow your provider’s instruction regarding your medication.
- You should have **no solid food after midnight** and only clear liquids (like water) **up to 4 hours prior to your arrival time.**
- Always bring a current list of all your medication
- Bring your identification and insurance card
- Leave all your valuables at home
- **If you are having capsule (Bravo) placement, hold your [acid reducing medications](#) 7 days prior to your procedure.** *(Please, click on blue links for examples of these medications)*
- **Arrange for an adult to drive you home and look after you for 24 hours.**

Procedure and discharge

After check-in, your nurse will take you to the pre-op area as soon as a bay becomes available. You will be seen by your gastroenterologist and anesthesiologist. Your nurse will make you comfortable, enter information regarding your health history into our electronic chart and start your IV. When your intra-op team is ready for you, you will be taken to the procedure room. Your anesthesiologist will give you sedation prior to procedure start. The great majority of patients sleep through the entire test.

After your procedure you will wake up in the recovery room. You likely feel sleepy and may be slightly unsteady. You may have a sensation of fullness and a mild sore throat. Post procedure nausea is possible but unlikely. Your gastroenterologist will go over findings with you and your family. Your nurse will give you discharge instructions including signs and symptoms of infection, bleeding and other emergencies. We will also go over your Bravo capsule instructions.

When you are ready for discharge, your care taker will pull the car into the discharge area and your nurse will take you out in a wheelchair. After departure, you will likely be able to resume your regular diet. You may resume regular activities the day after your test.



BRAVO Patient Instructions

You must be off of Acid Blockers called PPI for 1-2 weeks (such as Prilosec), H2 Blockers such as Pepcid for 3 days, and antacids such as TUMS beginning with the endoscopy. Stay off of these until you return the monitor. A few people need the study on medication and will be told this by the gastroenterologist. Tell the nurse what you are taking and the last day you took the medication. You may experience more heartburn during the study so be sure to record that by pressing the buttons.

Record all symptoms by pressing the buttons.

We need to see two things on the diary:

- 1.) What time did you start eating and stop eating?
- 2.) What time did you lie down and get up?

Do not record symptoms or what you eat on the diary.

Use only the clock on the monitor for the diary entries. Do not use the time on your watch, iPhone, microwave as these are not synced with the recorder. Do not round off the times. Please indicate am/pm or use military time.

Eat no more than 3 times a day. You cannot snack during this study. Be sure to record the beginning and end of these meals by pressing the button to begin a meal and end a meal. During the meal you may drink anything you like, including coffee or alcohol. Outside of the meal you may only have water. You do not need to record water.

Follow these instructions carefully. If you do not keep your monitor near you at all times or fail to enter the beginning or end of meals or forget to press the symptom buttons, we will have unreliable information.

Inaccurate entries lead to incorrect treatment recommendations such as wrong medications or surgery.