

# **UPPER ENDOSCOPY (EGD) WITH BRAVO PH ON MEDS PREP**

For your safety, **STOP** consuming all liquids and nothing by mouth 3 hours prior to your procedure or your procedure will be cancelled and rescheduled. Please follow detailed instructions below.

Important, please review this section if you take a medication called a GLP-1 agonist (such as Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others) or an SGLT-2 Inhibitor (Invokana, Farxiga, Jardiance, Steglatro) for weight loss or diabetes.

If you take these medications, then you should hold your medication according to the following guidelines:

GLP-1 Agonists (Ozempic, Weygovy, Trulicity, Rybelsus, Saxenda, Byetta or others):

- For once or twice daily injectables (example Byetta, Victoza, Saxenda), hold the day before and day of the procedure.
- For once weekly injectables (example: Trulicity, Ozempic, Weygovy, Bydureon, Mounjaro), hold for 7 days before the procedure.
- For oral, daily dosing (example: Rybelsus), hold for 7 days before the procedure.

SGLT-2 Inhibitors (Invokana, Farxiga, Jardiance, Steglatro): Hold for 4 days before the procedure

If you take these medications for diabetes, then you need to contact your primary care team or endocrinologist for glucose management instructions.

If you are having an EGD (upper endoscopy) and take these medications, then you should start a clear liquid diet <u>24 hours</u> before your procedure. This will be different from your instructions that say to start a clear liquid diet at 11:45 PM the night before. For example, if your procedure is at 8:00 AM, then you should start a clear liquid diet at 8:00 AM the day before. Make sure to follow the NPO instructions (nothing by mouth 3 hours before your procedure). Holding these medications and staying on the clear liquid is important for us to safely complete your procedure.

# **Cancel or Reschedule Your Appointment:**

If you are having flu-like symptoms (such as fever, cough, shortness of breath) within 14 days of your appointment please call to reschedule. If you have any newly diagnosed medical condition (like diverticulitis, heart problems, breathing problems), please call our office. If you need to cancel or reschedule for any other reason, call 612-871-1145 at least 72 hours prior to your appointment.

### **Responsible Person:**

Please remember a responsible person needs to check in with you on your procedure day, go with you after discharge, drive you home after your procedure and assist you with follow up

care. This takes approximately 2 hours from check-in to discharge. You will not be able to drive a car, operate machinery, or go to work until the following day. Failure to bring a responsible person may result in your appointment being rescheduled.

Some patients may experience temporary memory loss after the procedure due to use of monitored anesthesia care. You may wish to have a responsible person present during your discharge to take notes on your behalf and ask questions related to your follow up care.

If the patient is a minor or requires a legal guardian, the legal guardian must be present to check in the patient on the procedure day. If the legal guardian is not able to be present at check in, they will need to be available by phone for the duration of the procedure and through patient discharge.

# **Bravo pH Test Medications:**

Several medications alter the pH level of the stomach. Your doctor may choose to perform the test with or without acid-blocking medications. Your doctor would like you to continue your medications.

### 1 day before your test:

Please go to <a href="https://www.mngi.com/resources">https://www.mngi.com/resources</a> to watch "Your Bravo pH Test Experience." It is important that you watch this video prior to your test.

- Stop eating solid foods and begin clear liquid diet at **11:45pm**. Clear liquids include things you can see through.
  - o Examples of a clear liquid diet include: water, clear broth or bouillon (gluten free options available), Gatorade, Pedialyte or Powerade, carbonated and non-carbonated soft drinks (Sprite, 7-Up, Gingerale), strained fruit juices without pulp (apple, white grape, white cranberry), Jell-O, popsicles, and up to one cup of black coffee or tea (no milk or cream) each day.
  - The following are <u>not allowed</u> on a clear liquid diet: red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil and chewing tobacco.
  - o For additional details on following a clear liquid diet, please see https://www.mngi.com/conditions/clear-liquid-diet

# Day of your test:

Morning Medications: You may take all of your morning medications including blood pressure medications, blood thinners (if you have not been instructed to stop these by our office), methadone, and anti-seizure medications with sips of water **3 hours prior to your procedure** or earlier. Do not take any chewable vitamins or supplements. To avoid cancellation, do not use marijuana/THC the day of your procedure. If you have diabetes, contact your monitoring provider for further direction on insulin and/or blood sugar management.

Continue the Clear Liquid Diet. As a reminder, continue to avoid red liquids, alcoholic beverages, dairy products, protein shakes, cream broths, juice with pulp, products containing oil, chewing tobacco and illicit drugs. Use of these will result in your procedure being cancelled.

# • 3 hours prior:

- o STOP consuming all liquids
- o Do not take anything by mouth during this time.

**If you are scheduled for a MRI**: After ingesting the capsule and until it is excreted, you should not have a Magnetic Resonance Imaging (MRI) examination or be near a MRI.

# Bring the following to your procedure:

- Insurance Card / Photo ID
- List of Current Medications including over-the-counter medications and supplements
- Bring your rescue inhaler if you currently use one to control asthma
- Bring contact lens supplies as you will be asked to remove contact lenses prior to the start of your procedure
- Advance Directives: If you have an Advance Directive, please bring a copy of your Advance
  Directive with you to your endoscopy appointment. Advance Directives are not honored at
  MNGI facilities, and in the event of a life-threatening situation, life support measures will be
  instituted in every instance and our patients will be transported to a higher level of care facility
  (i.e., hospital). In the unlikely event that you require an emergency transfer to a higher level of
  care facility, your Advance Directive should accompany you to that facility.

# **DESCRIPTION OF UPPER ENDOSCOPY**

# What is an upper endoscopy?

An upper endoscopy is a procedure performed to evaluate symptoms of upper abdominal pain, bleeding, nausea, vomiting or difficulty swallowing. During the procedure, the physician examines the lining of your esophagus, stomach and the first part of your small intestine through a thin, flexible tube called an endoscope. If growths or other abnormalities are found, the physician may remove the abnormal tissue for further examination, or biopsy. If you have difficulty swallowing, it may be possible for the area to be expanded during the procedure.

#### What happens during an upper endoscopy?

Plan to spend up to 2 hours at the endoscopy center the day of your procedure. The procedure itself takes about 15 minutes to complete.

# Before the procedure:

Your medical history will be reviewed with you by your health care team including a nurse, your gastroenterology physician and an anesthesia provider. An IV line will be placed.

# **During the procedure:**

During your procedure, the anesthesia provider will administer medications and monitor vital signs which is a process known as Monitored Anesthesia Care (MAC). While most patients sleep through the procedure, some remain awake and aware. The anesthesiologist and/or certified registered nurse

anesthetist (CRNA) will help determine the appropriate type of drug to be used during the procedure to keep you safe and comfortable.

# What happens after the procedure?

The physician will talk with you about the initial results of your procedure and will prepare a full report for the healthcare provider who referred you for your upper endoscopy. You may have some bloating after the procedure which is normal. Your throat may feel sore for a short time. Any tissue samples or polyps removed during the procedure will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results by mail or through the Patient Portal.

You may resume most of your regular activities the day after the procedure. However, medication given during the procedure will prohibit you from driving for the rest of the day. You may resume your normal diet, but alcohol should be avoided until the next day after your procedure.

# Are there possible complications from an upper endoscopy?

Although serious complications are rare, any medical procedure has the potential for risks. Risks from an upper endoscopy include perforation, or a tear, of the lining of the stomach or esophagus, bleeding from a biopsy site, reactions to medications, heart and lung problems, and dental or eye injuries.

# **DESCRIPTION OF A BRAVO pH TEST**

# What is the Bravo pH monitoring system?

The Bravo pH system consists of a capsule, approximately the size of a gel cap, that is temporarily attached to the wall of your esophagus. The capsule measures pH levels in your esophagus and transmits this information wirelessly to a portable receiver that you will wear for 48 hours. This test measures the level of acid in your esophagus and will help your doctor to determine if you have GERD (gastroesophageal reflux disease) and plan your treatment.

### What should I expect during a Bravo pH test?

Plan to spend 60 to 90 minutes at the endoscopy center the day of your Bravo pH procedure. You will sit or lie back while your doctor slides the pH capsule into the esophagus. After the capsule is in place, suction is applied to attach the capsule to the wall of the esophagus. There may be some discomfort during this portion of the test, but it generally takes less than a few minutes.

As soon as the capsule is attached, it begins measuring the pH levels in your esophagus and sending that information to the receiver. The capsule and receiver must be within 3 feet of each other to accurately measure and record your pH levels.

The receiver is about the size of a computer mouse, and has three symptom buttons. You will be instructed on when to press the appropriate button during the study when you experience heartburn, regurgitation, or chest pain. You will also record periods of eating and sleeping in a diary throughout the test. You can go about your daily routine without any restrictions.

You may experience a vague sensation that something is in your esophagus or feel the capsule when you eat or when food passes the capsule. Chewing food carefully and drinking liquids may minimize this sensation.

## What should I expect after the Bravo pH test?

When the pH study is complete, you will return the receiver and diary to your doctor's office. The information stored in the receiver will be uploaded to a computer. Your doctor will analyze your results

to determine if you have acid reflux and plan the treatment for your heartburn symptoms. The disposable capsule will spontaneously detach and pass through your digestive system a few days after the test period.

# What are the possible complications of Bravo pH test?

If you have a bleeding tendency, narrowing of the esophagus, severe irritation of the esophagus, varices, obstructions, a pacemaker, or an implantable cardiac defibrillator, you should not undergo a Bravo pH test. Additionally, because the capsule contains a small magnet, you should not have an MRI study within 30 days of undergoing the Bravo pH test.

Although serious complications are rare, any medical test has the potential for risks. Risks include the capsule detaching from the esophagus before the test is complete, the capsule may fail to detach from the esophagus within several days after placement, there may be discomfort associated with the pH capsule requiring endoscopic removal, tears in the lining of the esophagus causing bleeding and requiring possible medical intervention and perforation.