PATIENT INSTRUCTIONS

APPOINTMENT DATE: __________________________ ARRIVAL TIME: __________________________

☐ Brigham and Women's Hospital Endoscopy Center
75 Francis Street
Amory Building, 2nd Floor
Boston, MA 02115

☐ Brigham and Women's Outpatient Endoscopy Center
850 Boylston Street (Route 9)
2nd Floor, Suite 202
Chestnut Hill, MA 02467

PLEASE NOTE THAT THIS IS IN CHESTNUT HILL, NOT BOSTON

If you need to reschedule your appointment, please call the Endoscopy Center at 617-732-7426.
If you have any questions regarding the procedure and preparation, please call our Endoscopy Triage Nurse at 617-525-6814.

YOU ARE SCHEDULED FOR THE FOLLOWING PROCEDURE:

• BREATH TEST FOR HELICOBACTER PYLORI (H. pylori)

PLEASE READ NOW AND FOLLOW THESE INSTRUCTIONS ENTIRELY:

Two Weeks Before the Test:

• No antibiotics for two weeks. If you have taken antibiotics within 14 days of your appointment, please call to reschedule your test.

• Do not take Proton Pump Inhibitors (or their generic versions) such as Aciphex® (Rabeprazole), Nexium® (Esomeprazole), Prevacid® (Lansoprazole), Prilosec® (Omeprazole), Prilosec OTC® (Omeprazole), Protonix® (Pantoprazole), or Zegerid® (Omeprazole/Sodium Bicarbonate) for 2 weeks prior to the test.

• Do not take bismuth preparations such as Pepto Bismol® for 2 weeks prior to the test.

• IF THIS IS A RECHECK AFTER TREATMENT, it must be at least 8 weeks since your treatment was completed.

One Hour Before the Test:

• Do not eat or drink for 1 hour before the test.