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## PREPARATION INSTRUCTIONS FOR AMBULATORY REFLUX MONITORING

Date of Procedure \_\_\_\_\_  
Arrival Time \_\_\_\_\_  
Procedure Time \_\_\_\_\_

**Place**  Anne Arundel Gastroenterology Associates, P.A.  
 Bestgate Medical Clinic  
820 Bestgate Road, Suite 2A Annapolis, MD 21401

This procedure involves passing a soft tube, the size of spaghetti, through the nostril and into the esophagus. The tube is attached to a recording box that records reflux episodes in the esophagus for approximately 24 hours. In most cases, this is an easily tolerated procedure. You may feel a little pressure in your nostril and slight gagging as the tube is initially passed. This sensation subsides quickly. You are encouraged to go to work even though the tube is visible, eat your normal diet and foods that provoke your symptoms, and perform your normal activities during the monitoring.

You return to the office the next day to remove the tube.

### Your physician requests that you:

- Continue your gastrointestinal medications for the procedure.  
 Discontinue your gastrointestinal medications for the procedure.

### Instructions seven days prior:

#### Discontinue:

- Prevacid (lansoprazole)
- Prilosec (omeprazole)
- Aciphex (rabeprazole)
- Nexium (esomeprazole)
- Protonix (pantoprazole)
- Zegerid (omeprazole / sodium bicarbonate)

### Instructions three days Prior to Procedure:

#### Discontinue:

- Over-the-Counter and prescription medications such as:
- Axid (nizatidine)
- Zantac (ranitidine)
- Pepcid (famotidine)
- Tagamet (cimetidine)
- Reglan (metoclopramide)

### Instructions midnight Prior to Procedure:

Discontinue antacids (Maalox, tums, Mylanta, Gaviscon, and Rolaids), Carafate (sucralfate), and calcium supplements

### Instructions 6 hours Prior to Procedure:

**Nothing to eat or drink.**

### PATIENT RESPONSIBILITY

IT IS YOUR RESPONSIBILITY TO CHECK WITH YOUR INSURANCE COMPANY REGARDING PRE-AUTHORIZATION AND ANY REFERRALS NECESSARY FOR THIS PROCEDURE. YOU WILL NEED TO PRESENT A CURRENT PHOTO ID, VALID INSURANCE CARD AND VALID REFERRAL, IF REQUIRED. YOU WILL BE EXPECTED TO PAY ANY COPAYMENTS, COINSURANCE, DEDUCTIBLES AND OUTSTANDING BALANCES AT THE TIME OF YOUR APPOINTMENT. IF YOU ARE NOT PREPARED TO PAY THE FEES DUE, YOUR APPOINTMENT MAY BE CANCELLED.

PLEASE LEAVE VALUABLES AT HOME OR WITH THE RESPONSIBLE TRANSPORTATION PROVIDER. PLEASE BRING YOUR EYEGLASSES. PLEASE DO NOT WEAR ANY JEWELRY OTHER THAN A WEDDING RING.

*Anne Arundel Gastroenterology Associates provides medical services regardless of race, color, age, national origin, sex, religion, or handicap. If you are hearing impaired or have a language barrier, please notify our office.*