



HUNTERDON DIGESTIVE HEALTH

Dr. Anubha Sinha

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**BACTERIA OVERGROWTH BREATH
TEST**

_____ is scheduled for a Bacteria Overgrowth Breath Test
(PATIENT NAME)
at the HDH office on _____ at _____ AM.

This is a time sensitive test. Please arrive at your scheduled time. If you arrive 15 minutes late, you may be asked to reschedule your appointment. **The test takes 3 hours to complete.** Bring reading materials, laptop, crafts to help pass the time.

You are scheduled for a breath test to find out if you have too much bacteria in your digestive system that can cause infection.

In order for the test to be accurate you should **not take Antibiotics for 7 days before the test & Probiotics for 10 days before the test.** Please call the office if you start any of the above medications or, if you have questions about your current medications interfering with the test.

Patient Instructions and Pre-Conditions:

1. The day before testing, **do not eat slowly digesting foods like beans, bran or other high fiber.**
2. **Fast after midnight**, with no food or water to drink before testing. The patient may brush their teeth but must **spit out toothpaste** (do not swallow).
3. You should **NOT smoke, sleep or exercise vigorously for at least 1/2 hour before, or at any time during testing.**
4. If you've had any recent **antibiotics and / or diarrhea**, false positive reading may result. Make the nurse aware of such conditions if they have occurred.

PREPARING FOR THE PROCEDURE:

1. **Fast after midnight** (nothing to eat or drink)
2. Take 45ml of Enulose Syrup (Dr. Sinha will provide you with prescription prior to appointment) **1 hour prior** to your office visit. **Then, nothing by mouth.** NO GUM OR MINTS THE DAY OF YOUR PROCEDURE.