

# BRAVO™

## REFLUX RECORDER PATIENT DIARY

Given Imaging

### PATIENT INSTRUCTIONS

The purpose of this pH study is to monitor the frequency and duration of gastric reflux and how it is related to your symptoms during a normal day. To get the most accurate results, you must eat, drink, work, and exercise as you normally would. Please drink limited amounts between meals and do not sip over long periods. Do not chew gum or eat hard candy during the study. You can take a bath or shower, but do not get the recorder wet. **DO NOT** take any antacid or anti-reflux drugs during your study unless instructed to do so by your physician.

### RECORDING EVENTS

Durational events are activities with beginning and end times. These durational events are meals and lying down. To record the start of a meal or lying down period, press any button to turn the back light on, then press the corresponding button on the recorder and write down the start time as displayed on the recorder, on the Patient Diary. At the end of the meal or lying down period, press any button to turn the back light on, then press the corresponding button on the recorder again and write down the end time as displayed on the recorder and next to the start time entered earlier. Record a meal every

time you eat or drink something other than water. Record a lying down period whenever you lie down or recline less than 45 degrees.

### RECORDING SYMPTOMS

Possible symptoms may include heartburn, regurgitation, and chest pain. To record a symptom event, press any button to turn the back light on, then press the appropriate symptom button on the recorder then write down the time as displayed on the recorder, on the patient diary. It is not necessary to continuously press the symptom button and write down the corresponding times for the same symptom event.

### RECORDING MEDICATIONS

If your physician has instructed you to take your acid suppression medications during the study, you will write down the time as displayed on the recorder, on the Patient Diary.

### IF YOU HAVE ANY QUESTIONS

OR ENCOUNTER TECHNICAL ISSUES DURING YOUR STUDY,

CALL \_\_\_\_\_

AT \_\_\_\_\_

PATIENT NAME/ID: \_\_\_\_\_

RETURN RECORDER ON: \_\_\_\_\_

AT: \_\_\_\_\_:\_\_\_\_\_ HH:MM

**DO**    **DO NOT TAKE ACID SUPPRESSION MEDICATION:** \_\_\_\_\_

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