

**Patient
Information**

Bravo™ reflux testing

Introduction

You have been advised to have a Bravo™ reflux testing system inserted for the assessment of heartburn or related symptoms.

This leaflet has been written to help answer any questions you may have. It is important that you read this before attending for the procedure as it contains important information about the investigation.

What is the Bravo™ reflux testing?

Frequent or chronic heartburn may be associated with a more serious problem known as GORD (gastro-oesophageal reflux disease). Damage caused by GORD can lead to more serious medical problems such as difficulty swallowing (dysphagia), narrowing of the oesophagus (strictures) and Barrett's oesophagus.

The Bravo™ reflux testing system measures acid reflux within the food pipe (oesophagus) during regular activities over a set period of time. The result of this test will allow the doctor to diagnose your condition.

How does the Bravo™ reflux testing system work?

The test involves a miniature pH capsule, about the size of a medicine capsule, being temporarily attached to the wall of your oesophagus.

The Bravo™ reflux capsule will continually measure the pH in your oesophagus. It will transmit this information to the Bravo™ reflux recorder.

The recorder can be attached to the strap provided or worn directly on your own belt or waistband. You will be instructed by your doctor how to use the Bravo™ reflux recorder. You will then be able to go home and resume your normal activities.

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Department

Endoscopy

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Once the test has been completed, you will need to return the Bravo™ reflux recorder according to your doctor's instructions.

Your test data will be downloaded and your doctor will analyse the information in order to determine if acid reflux is causing your symptoms. A decision about the appropriate treatment or further investigations will then be made.

The length of time you will be in the hospital will vary but is likely to be 2 to 4 hours or more.

Please be aware that your appointment time is not the time you will have the Bravo™ reflux testing system inserted.

Preparation for your procedure

To allow a clear view, your stomach must be empty, so please follow these instructions:

- Do not have anything to eat for at least 6 hours before the procedure apart from taking your regular medication with sips of water, if required.
- You may sip water up to 2 hours before your procedure.

On admission

On arrival at the department, you will be seen by a nurse who will check your personal details.

You will be asked a series of questions about any operations or illness that you may have had or are presently suffering with.

Please bring a list of all medications you are currently taking including sprays and inhalers.

The nurse will also ask if you have any allergies or have had any reactions to medicines or foods.

You will be asked if you want sedation.

If you are considering sedation, you will be asked to confirm that you have a responsible adult to escort you home when you are ready for discharge. You must also have a responsible adult with you at home for 24 hours following the procedure.

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The test and possible complications will be explained so that you understand the procedure and any risks involved.

You will then be asked to sign a consent form. By signing this form, you will have agreed to have the procedure performed and that you understand why the capsule is being inserted. This does not take away your right to have the procedure stopped at any time.

For the time that you are in the department we want to provide a safe, supportive and pleasant environment. Please do not be afraid to ask if you have any worries or questions at this stage.

For this procedure you will not need to remove your clothes but ties may need to be loosened and shirts opened if they are tight at the neck.

Please remember that your appointment time is not the time you will have your procedure. There will be a wait between your admission and having the procedure.

Sedation and throat spray

Bravo™ reflux capsule insertion can be performed with anaesthetic throat spray only or throat spray in combination with sedation.

Throat spray

A local anaesthetic spray will be used to make the back of your throat numb and more comfortable during the procedure. You will be asked not to have anything to eat and drink for up to one hour after the spray is given because it reduces the sensation in your throat and may cause food and drink to go down your windpipe. When you have your first drink after the procedure, it should be a cool drink and should be sipped slowly to make sure that you do not choke. This drink is usually given while you are in the recovery area.

Sedation

A small plastic tube called a 'cannula' will be placed into a vein, usually in the back of your hand or forearm, to allow the sedative medication to be given. The sedative will make you lightly drowsy and relaxed but not unconscious. You will be in a state called 'conscious sedation'. This means that, although drowsy, you will still hear what is said to you and will therefore be able to follow simple instructions during the procedure.

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During the procedure

A nurse or doctor will escort you into the room where your procedure will take place. A nurse will stay with you throughout the procedure.

In the procedure room, you will be asked to remove any false teeth and glasses. You will be given the throat spray and then made as comfortable as possible lying on your left side. To protect your teeth, gums and the endoscope, a plastic mouth piece will be put between your teeth or gums if dentures have been removed.

Your pulse and oxygen levels will be monitored throughout the procedure and your blood pressure taken as required. Oxygen will also be given through a small sponge inserted into one of your nostrils.

If you are having sedation, this will be given through the cannula and allowed to work for a couple of minutes. The staff in the room will be able to assess if you require more sedation before starting the procedure.

An endoscope, a thin flexible tube with a camera and light on the end, is first passed through the mouth guard to the back of your throat. You may be asked to swallow or take a deep breath in at this point to help the endoscope go down into the oesophagus. This will not interfere with your breathing. Using the camera attached to the endoscope, the best area in the oesophagus will be identified to place the Bravo™ capsule.

Once the endoscope is removed a separate, smaller device is inserted into the oesophagus and the capsule is released into position.

The procedure may take up to 30 minutes to complete. During this time some air will be passed down the endoscope to allow the doctor a clear view. You may feel some wind like discomfort and belch some air during the test but please do not feel embarrassed. The air is sucked out at the end of the procedure.

Any saliva in your mouth will be removed, by the nurse caring for you, using a small suction tube.

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Risks associated with having sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

Minor complications with sedation happen in less than 1 in every 200 examinations. A few people are excessively sensitive to the sedation we use and become too sleepy. This effect can be rapidly reversed with another injection.

Complications

Placement of a Bravo™ reflux capsule, as it involves an endoscopy, carries a very small risk (1 in 10,000 cases) of haemorrhage (bleeding) or perforation (tear) of the gut. If this happens surgery may be necessary.

Some patients experience a vague sensation that 'something' is in their oesophagus. Some patients say they feel the capsule when they eat, as food passes it. Chewing food carefully and drinking liquids may minimise this sensation.

Other rare complications include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and adverse reactions to intravenous sedative drugs.

After the procedure

Following the procedure, the nurse caring for you will take you to the recovery area, where observations will continue. This is called the recovery period.

You may feel a little bloated or have some discomfort in your lower abdomen after the test.

You will need to stay in hospital for about an hour after this procedure, depending on how you recover from the sedation. If sedation has not been used, you will be allowed to go home after being given your discharge information and instructions on how to use the Bravo™ reflux recorder. You will also be told when to return the equipment.

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We try to give all patients a copy of their endoscopy report and written discharge instructions before they leave.

The Bravo™ reflux testing system is wireless, making it convenient and discrete. You are free to move about as long as you stay within three feet (one metre) of the recorder. You can bathe and get a restful night's sleep because you can place the recorder outside the shower or on your nightstand. The test will not be interrupted.

Going home

If you have been given sedation for this procedure, it is essential to have someone to take you home and you have a responsible adult to stay with you for 24 hours. You may go home by taxi but you must have someone accompany you on the journey.

For this period of time, you should not:

- Drive a car, motorbike or ride a bicycle
- Drink alcohol
- Operate machinery or do anything requiring skill or judgement
- Make any important decisions or sign any documents

MRI warning

Because the capsule contains a small magnet, do not have an MRI scan within 30 days following the placement of the Bravo™ capsule, or if you have not positively verified the excretion of the capsule.

Having an MRI scan while the capsule is inside the body may result in serious damage to your intestinal tract or abdominal cavity.

What happens after the test?

The data captured on the Bravo™ reflux recorder will be downloaded to a computer once the recorder has been returned. Your doctor will then analyse the results.

It is very important that the recorder is returned promptly as it will be required for use by other patients.

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When the test is complete, the disposable Bravo™ capsule will fall off the wall of your oesophagus. It will then pass naturally with your bowel movement through your digestive tract.

Results

Please contact your GP or consultant directly for your test results as these are not disclosed to Endoscopy.

Contact information

If you have an enquiry about your appointment time/date please contact the Booking Office:

Tel: 0300 422 6350

For medication enquiries please call 0300 422 8232 (answerphone), leave your name and contact number with a short message. A nurse will return your call the next working day.

Feedback

To help the Endoscopy Department understand what is important to you and how we can improve our service, we would appreciate if you would take the time to complete a feedback survey.

All responses will be anonymous and any information provided will be used sensitively and stored securely.

To access the survey, please use the QR code below or type the 'case sensitive' link into your internet browser.



<https://bit.ly/3MHOXIG>

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>