

University **Gastroenterology**

MEDICINE AT ITS BEST

HILL MEDICAL BUILDING • 1000 EAST GENESEE STREET • SYRACUSE, NY 13210

Information for You from Your Health Care Team

Preparation for C-14 Urea Breath Test

Your breath test is scheduled for _____ at _____.

Sign in at patient registration on the first floor of Upstate Medical University Hospital at _____.

You will be directed to the Nuclear Medicine Department where the test will be done.

Instructions

1. **STOP** Antibiotics 30 days prior to test.
2. **STOP** Bismuth (example: Pepto-Bismol®) 30 days prior to test.
3. **STOP** Proton pump inhibitors (example: Prilosec®, Pervacid®, Aciphex®, Nexium®, and Protonix®) 14 days prior to test.
4. **STOP** Carafate 14 days prior to test.
5. **Do not eat or drink** after midnight before the procedure. Check with your physician regarding your medications.

**Any questions, please call University Gastroenterology at (315) 464-1600
or Nuclear Medicine at (315) 464-6506.**