



Birns, Gloger, Witten & Bhinder, MD

**INSTRUCTIONS FOR BREATH HYDROGEN TEST
Bacterial Overgrowth Test - SIBO**

Patient Name: _____

Date: _____ **Time of Procedure:** _____

Time of Prep: _____ **Arrival Time:** _____

Location: Birns Gloger, Witten & Bhinder MD- **ROCKVILLE OFFICE ONLY**
9711 Medical Center Dr Rockville, Maryland 20850
P) 301-251-1244 option 3

A Breath Hydrogen test is performed to determine if you have Bacterial Overgrowth. The test takes about 3 hours you will have 24 hours of Preparation for this exam. Please read through the following instructions prior to preparing for this exam.

First 12 hours of prep: **24 hour Diet** Date: _____ Time: _____
Patients should avoid foods listed for 24 hours prior to the test.

Second 12 hours of prep: **NPO Diet** Date: _____ Time: _____
Patients should be NPO (nothing by mouth) 12 hours prior to the test. Only water may be consumed.

- No smoking including second hand smoke for at least 1 hour before or at any time during the test.
- No sleeping or vigorous exercise for at least 1 hour before or at any time during the test
- Recent antibiotic therapy, runny diarrhea or colonoscopies may affect the breath tests, therefore medical staff and physicians should consult with patients about these conditions prior to performing any test.

If any of the above conditions apply, please reschedule.

Drinking water only during your breath test is allowed in moderation

Even though patients are NPO for 12 hours prior to the test, it is also required to avoid certain foods at least another 12 hours prior to the NPO diet.

BEGIN THIS DIET 24 HOURS PRIOR TO THE TEST

Date: _____ **Time:** _____ (24 HOUR DIET)

FOODS TO AVOID

GRAIN PRODUCTS: Pastas, whole grain products (including cereals and Melba toast), brans or high-fiber cereals.

FRUITS: Fruit juices, applesauce, apricots, bananas, cantaloupe, canned fruit cocktail, grapes, honeydew melon, peaches, watermelon, Raw and dried fruits like raisins and berries. Yogurt containing fruit.

VEGETABLES: Vegetable juices, potatoes, alfalfa sprouts, beets green/yellow beans, carrots, celery, cucumber, eggplant, lettuce, mushrooms, green/ red peppers, squash, zucchini.

VEGETABLES FROM THE CRUCIFEROUS FAMILY: Broccoli, cauliflower, Brussels sprouts, cabbage, kale, Swiss chard, beans, lentils, corn.

NUTS, SEEDS, BEANS: All nuts, seeds and beans as well as foods that may contain seeds.

ALL DAIRY PRODUCTS (EXCEPT EGGS): Milk, cheese, ice cream, yogurt, butter.

MEATS, PASTAS, CORN OR PRODUCTS THAT CONTAIN CORN

DINNER FOR THE NIGHT BEFORE THE TEST

Date: _____ **Time:** _____

Suggestions for the last meal to consume prior to NPO diet:

- Baked or broiled chicken or turkey. (Salt and pepper only)
- Baked or broiled fish. (Salt and pepper only)
- Plain steamed white rice
- Eggs
- Clear chicken or beef broth.

12 HOURS PRIOR TO THE EXAM – NOTHING BY MOUTH (NPO DIET)

Date: _____ **Time:** _____

BE VERY CAREFUL TO NOT EAT, DRINK, SMOKE OR CHEW AFTER THE ABOVE TIME.

THIS CAN ALTER THE RESULTS OF THE TEST.