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INFORMED CONSENT FOR BRAVO pH MONITORING

Patient's Name: _____ **Date of Birth:** _____

Bravo is wireless esophageal pH monitoring procedure in which your physician will place a small pH probe in your esophagus for pH (acid) measurement. The pH probe can be placed by using an endoscope or by using the Bravo delivery system.

The benefit of this procedure is to document esophageal acid exposure so that appropriate treatment can be given.

There are risks to this procedure, although we believe that the potential benefits outweigh the risks.

1. Sore throat or nasopharyngeal damage. _____
2. Premature detachment of the pH probe may happen or failure of the pH probe to slough off in a timely period may require endoscopic removal of the probe. _____
3. Perforation is rare, but if it occurs surgery may be necessary. _____
4. Bleeding is uncommon. However, with severe bleeding blood transfusion and/or surgery may be required. _____
5. Infection is rare and may require administration of intravenous antibiotics. _____
6. Medications adverse reaction. Medications that we give you to prevent pain and discomfort can cause adverse reactions such as suppression of breathing or cardiac arrhythmias. Also, there is also no guarantee that you will be free from pain during the procedure. _____
7. Any of the complications above may lead to hospitalization and death. _____

You are restricted from having an MRI study within 30 days of the Bravo procedure.

If you want more time to consider this procedure or have further questions, please ask us.

HAVING READ AND UNDERSTOOD THE ABOVE, I FEEL THAT THE BENEFITS OF THIS PROCEDURE OUTWEIGH THE RISKS. I HAVE DISCUSSED THE RISKS, ALTERNATIVES, AND HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS.

 Signature

 Date

In presence of: Spouse _____ Companion: _____ Staff : _____
 Parent _____ Patient alone: _____