



HUNTERDON DIGESTIVE HEALTH

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Lactose Malabsorption Pre Testing Instructions

_____ is scheduled for a Lactose Malabsorption Breath Test
(PATIENT NAME)
at the HDH office on _____ at _____ AM.

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This is a time sensitive test. Please arrive at your scheduled time. If you arrive 15 minutes late, you may be asked to reschedule your appointment. **The test takes 3 hours to complete.** Bring reading materials, laptop, crafts to help pass the time.

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Patient Instructions and Pre-Conditions:

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1. The day before testing, **do not eat slowly digesting foods like beans, bran or other high fiber.**
2. **Fast after midnight (nothing to eat or drink)**
3. You should **NOT smoke, sleep or exercise vigorously for at least 1/2 hour before, or at any time during testing.**
4. If you've had any recent **antibiotics and / or diarrhea**, false positive reading may result. Make the nurse aware of such conditions if they have occurred.

In order for the test to be accurate you should **not** take
**Antibiotics for 7 days before the test Probiotics for
10 days before the test**

Please call the office if you start any of the above medications or, if you have questions about your current medications interfering with the test.

PREPARING FOR PROCEDURE:

1. On the day before your procedure you may have **water only** after 7:30PM.
2. You must **fast after midnight** (nothing to eat or drink)
3. On the day of your testing at drink **12 oz. of any milk** (whole, skim etc.) **2 1/2 hours prior** to to your office appointment. **Then, nothing by mouth.** NO GUM OR MINTS THE DAY OF YOUR PROCEDURE.

DAY OF PROCEDURE:

If you take daily medications for your **heart, lungs, or blood pressure** take them as prescribed.
If you are Diabetic, wait until after your procedure to take your AM medication with food.