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BACTERIAL OVERGROWTH TEST (SIBO)

Patient: _____

Date and Time of appointment: _____

ATTENTION: THIS IS A 2 ½ HOUR TEST. YOU WILL BE REQUIRED TO REMAIN IN THE OFFICE FOR THE DURATION OF THE APPOINTMENT. PLEASE PLAN ACCORDINGLY.

You will be given a **small** amount of Lactulose (a laxative) to drink when the test is administered. In rare instances, diarrhea may result. You will have access to the restroom during your test.

Do not eat any slow digesting foods such as beans, bran or fiber cereals the day before your test.

You should arrive **FASTING** for the test with **NOTHING TO EAT OR DRINK** for twelve (12) hours prior to your test. **THIS INCLUDES WATER.**

You should **NOT Smoke, Sleep or Exercise vigorously** for at least ½ hour prior to the time of your test.

IF YOU HAVE HAD ANY RECENT ANTIBIOTIC THERAPY OR RECENT OR CURRENT DIARRHEA, PLEASE MAKE THE PHYSICIAN AWARE as these things can affect the test results.

If you have any questions, please feel free to contact the office at 201-837-9449.