

INSTRUCTIONS



CENTRE FOR GASTROENTEROLOGY
AND HEPATOLOGY

DR A.G. JEETOO HOSPITAL

UREA BREATH TEST

DATE: _____

Name: _____

Indication: H. Pylori Positive/ Triple therapy
completed



2 weeks Before

Do not take Omeprazole for 2
weeks before procedure



Day before Procedure

Keep fasting as from midnight



Day of Procedure

DOs



Bring your ID



Accompanied by
relative



Bring a hand towel
and 1 bottle of water

DON'Ts




Do **NOT** take anti-diabetic drugs

Ask staff for other medications



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5500 9041 (Hotline)

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