

Small Intestinal Bacterial Overgrowth (SIBO) Breath Test

*Please inform the medical staff if you have had recent antibiotic therapy- no antibiotics for at least 10 days prior to the breath test

You will need to fill your prescription of Lactulose at your pharmacy prior to the test.

Day Before the Test:

- Do NOT eat any slowly digesting foods including, but not limited to:
 - Beans
 - Bran/high fiber cereal (shredded wheat, great grains, etc)
 - Old fashioned or steel cut oatmeal (instant is ok)
 - Leafy green vegetables
- Please fast for 12 hours prior to the test
 - No food consumption, only water- starting at _____p.m. on _____ (date)

Day of the Test:

- Your test is scheduled for _____a.m. on _____(date)
- 1 hour prior to your arrival, pour the entire bottle of Lactulose into a 6-8 ounce glass of water and drink.
 - This medication may cause a laxative effect
 - You will be blowing into a machine every 15 minutes for the next 1-2 hours to complete the breath test
- Please plan to arrive on time for your scheduled appointment
- Plan on staying in the office for maximum of 2 hours
- Please do **not** smoke, sleep, or exercise vigorously 30 minutes prior to the test or during the test
- Feel free to bring entertainment, such as magazines, books, tablet, laptop, etc
 - Please note that our office does **not** have WiFi available to our patients
- Please note, this is a test and you will not be seeing a provider (nurse practitioner or physician)
 - If further follow up needed, please make an office visit