



**Lifespan**

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Center for Women's Gastroenterology

Providence, RI

(401) 793-7080

Lifespan Physician's Group, Inc.

East Providence, RI

(401) 606-4260

Thomas DeNucci, MD

Fadlallah Habr, MD

Zilla Hussain, MD

Sarah Hyder, MD

Colleen Kelly, MD

Amanda Pressman, MD

Shannon Simmons, MD

Laura Massa, NP

Erica Taylor, PA

## **Lactose Malabsorption Test - Patient Instructions**

**\*Please bring photo identification and a list of ALL your medications and dosages.**

Test Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ AM PM

**You will have your test at:** Women's Medicine Collaborative  
146 West River Street, Providence, RI 02904  
3rd Floor, Suite 11-D

### **What is this test?**

This test is a Hydrogen Breath Test to determine if you have an intolerance to lactose (a natural sugar found in milk and dairy products). The breath test sample will be analyzed for hydrogen content to determine if your body is able to properly break down lactose.

### **What can I expect?**

The test requires you to drink **12 ounces of whole milk which you will need to bring with you at the time of your test.** You will breathe into a machine once before drinking the milk for a baseline measurement and again every hour after drinking the milk. This test can take up to **3 hours**.

### **Can I take my medication before the test?**

**Critical medicines such as insulin and those for your heart, blood pressure, breathing, or seizures should be taken with sips of water on the morning of the test.** Non-critical medicines including supplements should not be taken, unless your physician or nurse has instructed you otherwise.

### **How do I prepare for the test?**

Please follow these instructions to ensure a successful test:

#### **2 WEEKS BEFORE TEST**

You must be off all antibiotics and Pepto-Bismol.  
No colonoscopy or barium radiography testing.

#### **2 DAYS BEFORE TEST**

Eat a **Low Carbohydrate Diet (see next page)**. The purpose of this diet is to avoid foods that may produce gas in the intestinal tract, which can cause inaccurate test results.

#### **12 HOURS BEFORE TEST**

Do not eat or drink anything.

#### **1 HOUR BEFORE TEST**

No smoking. Including smokeless tobacco and second hand smoke for at least 1 hour before the test.  
No sleeping. No vigorous exercise.

We have magazines and you are encouraged to bring anything to occupy your time during the test.

**Please call the office if you have any questions or concerns (401) 793-7080.**

LOW CARBOHYDRATE DIET			SAMPLE LOW CARBOHYDRATE DIET
ALLOWED		AVOID	DAY 1
<b>Grains/Starches</b>	Rice, quinoa, potato, oatmeal, corn tortillas, popcorn, gluten free, bread/crackers/pasta Cereal: plain cheerios, plain rice/corn Chex, corn flakes, rice krispies	Wheat products (including bread, pasta, crackers, cookies, cake, cereal, flower tortilla), rye, barley	<b>Breakfast:</b> 2 scrambled eggs and 1 banana <b>Lunch:</b> salad with grilled chicken, tomato, cucumber, carrots, feta, balsamic vinegar + olive oil dressing <b>Snack:</b> 1 cup fruit (such as blueberries and strawberries), small handful of peanuts or almonds <b>Dinner:</b> Grilled chicken, baked potato, cup steamed broccoli <b>Snack:</b> 1 cup popcorn
<b>Vegetables</b>	Bell peppers (any color), carrots, chives, cucumber, eggplant, green beans, kale, lettuce, olives, parsnip, spinach, summer/winter squash, zucchini, tomato Limit to ½ cup portion: beets, butternut squash, broccoli, Brussel sprouts, corn, fennel bulb, green peas, sweet potatoes	Artichoke, asparagus, cauliflower, garlic, leeks, mushrooms, okra, onion/shallots, snow peas, sugar snap peas	
<b>Fruit</b>	grapes, honeydew, kiwi, lemon, lime, orange, papaya, pineapple, pomegranate, raspberry, strawberry	Banana, blueberry, apple, apricot, blackberry, cherry, dried fruit (raisins), grapefruit, mango, nectarine, pear, peach, plum, prunes, watermelon	DAY 2
<b>Proteins</b>	Meat, eggs, fish, tofu, most nuts (see "avoid" column), peanut butter, almond butter	Beans, hummus, edamame, cashews, pistachios	<b>Breakfast:</b> plain cheerios with lactose-free milk (such as Lactaid brand) or oatmeal with cinnamon and blueberries <b>Lunch:</b> sandwich with turkey, cheese, lettuce, and tomato on gluten-free bread, plain potato chips or 1 orange <b>Snack:</b> baby carrots and 1 cheese stick <b>Dinner:</b> grilled salmon with lemon, brown rice or quinoa, sautéed zucchini and yellow squash <b>Snack:</b> 1 cup grapes
<b>Dairy</b>	Lactose free milk/yogurt/ice cream, rice milk; any aged or hard cheese including cheddar, provolone, swiss, parmesan, feta, goat, etc.	Milk, yogurt, ice cream, cottage cheese, ricotta cheese, soy milk, almond milk	
<b>Beverages</b>	Water, coffee, tea, sugar free beverages, (crystal light, diet pop)	Regular soda and other beverages with high fructose corn syrup	
<b>Sweeteners</b>	Pure maple syrup, sugar substitutes (such as Stevia), table sugar	Agave, honey, high fructose corn syrup	