



Centre for Swallowing & Oesophageal Disorders

Patient Information – Oesophageal manometry & 24hr reflux (pH) recording performed off acid reducing medication

1. What is oesophageal manometry

The oesophagus (gullet or food pipe) is the muscular tube that propels food from the mouth into the stomach. If your oesophagus does not work correctly, you may experience difficulty swallowing, regurgitation of food, or discomfort. Oesophageal manometry (pressure measurement) involves passage of a tube with pressure sensors into your oesophagus to investigate how it moves, contracts and relaxes (oesophageal motility).

2. What is 24hr reflux (pH) recording

The amount of reflux of stomach contents into your oesophagus can be measured by a thin tube which measures acid.

3. Are there any risks?

While having the tube inserted may feel uncomfortable or strange, there are no risks or adverse effects from the procedure. It cannot cause you any harm.

4. Preparation for the test

- Do not eat or drink anything (except for water) for at least 4 hours before the procedure.
- STOP taking the following medications (proton pump inhibitors) 7 days before the test:
 - Omeprazole (Losec, Acimax, and other brand names)
 - Pantoprazole (Somac, Salpraz, Sozol, and others)
 - Esomeprazole (Nexium and others)
 - Rabeprazole (Pariet and others)
 - Lansoprazole (Zoton and others)
- STOP taking the following medications at least 4 days before the test:
 - Ranitidine (Zantac)
 - Nizatidine (Tazac)
 - Cimetidine (Magicul)
 - Famotidine
- STOP taking the following medications 2 days before the test:
 - Metoclopramide (Maxalon)
 - Domperidone (Motilium)
 - Ondansetron (Zofran)
 - Buscopan
- Stop other antacids and indigestion medicines such as Gaviscon, Sucralfate, Mylanta and Rennies 24 hours prior to the test.

5. What happens during the test?

While sitting comfortably, you will receive some local anaesthetic spray in the nose. Then, a thin tube (manometry catheter) will be passed through your nose, into your oesophagus, and down to your stomach. As the tube goes down, it may cause your eyes to water and you may retch and cough but the procedure is not painful and once the tube is in place you will feel better. Your breathing is not affected. You will then be asked to swallow some water, and then rice, so that the movement of your oesophagus can be recorded with both solids and liquids. Normally, this takes no more than 15-20 minutes. The tube is then removed quickly and easily.

Next, a much thinner tube (reflux catheter) is passed into your oesophagus in the same way as before. Once in place this is taped securely to your nose and remains in place for 24 hours. Most people have no problem tolerating this but if you cannot it can be removed straightaway or you can remove it yourself at any time.

The end of the tube comes out of your nose and is taped behind your ear. This is then attached to a small recording box worn on a shoulder strap or on your belt. Whilst the tube is in place your nose may run a little and you may experience a little discomfort in your throat and nose. Do not worry, this is normal, and will go away as soon as the tube is removed.

As we need to record what is happening over a 24 hour period, you will leave the hospital with the catheter remaining in your nose. During the study, you can go about your day without any changes to your normal activity: you should eat, drink, move about and sleep as usual. You can wash yourself as long as the recording box does not get wet. The tube will be clearly visible, taped to your face, and so you may wish to make changes to your day because of your appearance (for example if you work with lots of people) but this is entirely your decision and no changes to your normal day are necessary for the test.

It is important that the tube stays in position throughout the study. It is very unlikely to come out by accident or when you are asleep but you should take care that it is not pulled out by mistake (for example by children). The tube will remain in place for approximately 24 hours and will be removed quickly and easily the next day when you return to the department.

6. After the test

You will not be sedated and are free to travel home unaccompanied and continue with your normal activities. You will need to return to the department 24 hours later to have the tube and recorder removed. A report will be prepared and sent to your referring doctor.

7. Where to attend

The test will be performed at the Gastroenterology Department, St Vincent's Hospital on Level 2, Xavier building. After coming out of the lifts on level 2, turn right and walk near to the end of the corridor where you will see the department (second last door on right side).

8. More information

If you have any further questions, contact the Gastroenterology Department at St Vincent's Hospital (SVHS.Gastro@svha.org.au).