

PATIENT INFORMATION AND INSTRUCTIONS FOR PH CAPSULE STUDY





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Your doctor has recommended a pH Capsule Study to monitor and evaluate gastro-oesophageal reflux disease (GERD), also known as acid reflux. This test measures the amount of acid that enters the lower part of your oesophagus (food pipe) and helps your doctor determine whether your symptoms are related to acid reflux. In some cases, the study is also used to assess how well reflux medications are working or as part of the assessment before anti-reflux surgery.

WHAT IS ACID REFLUX AND HOW WILL THIS STUDY HELP ME?

Under normal circumstances, the stomach produces acid to help digest food. A muscle called the lower oesophageal sphincter acts as a barrier to prevent stomach acid from flowing back into the oesophagus. While a small amount of reflux is normal, excessive reflux can damage the oesophagus.

Acid reflux can cause a range of symptoms, most commonly heartburn, but it may also cause a sore throat or persistent cough.

The pH Capsule Study measures acid exposure in the lower oesophagus. The information collected helps your doctor determine whether your symptoms are caused by gastro-oesophageal reflux disease (GERD).

In some cases, the study is also used to evaluate how effectively reflux medications are controlling acid exposure and symptoms. It is commonly performed as part of the assessment before anti-reflux surgery.

IS THIS TEST SUITABLE FOR EVERYONE?

The capsule used during this test contains nickel. If you have a known nickel allergy, you should not undergo this procedure. Please speak to your doctor to discuss alternative options.

This procedure may not be recommended if you have a pacemaker, implantable cardioverter-defibrillator (ICD), neurostimulator, or other implanted electronic device. If you have an implanted pain control device, an insulin pump, or a continuous glucose monitoring system (CGMS), these devices may interfere with the test. Please discuss your individual circumstances with your healthcare provider before your procedure.

This test may also not be suitable for patients with a history of

- Gastrointestinal bleeding
- Oesophageal strictures
- Severe oesophagitis
- Oesophageal varices
- Oesophageal obstruction
- Previous oesophageal surgery or oesophagectomy

You must not undergo magnetic resonance imaging (MRI) during the study or for 30 days after the capsule has been placed.

HOW IS THE TEST PERFORMED?

During an upper gastrointestinal endoscopy performed under moderate or light sedation, a small pH capsule, approximately the size of a pencil eraser, is attached to the lower part of your oesophagus.

You will wear a small receiver, similar in size to a pager, around your waist for either 48 or 96 hours, depending on the study requested by your doctor. The capsule wirelessly transmits information about acid exposure to the receiver throughout the monitoring period.

Before leaving the Endoscopy Unit, you will receive instructions on how to use the receiver and complete the study. You will also be given a diary to record:

- Any symptoms you experience
- When you eat
- When you lie down

This information is essential for interpreting your test results.

AFTER THE STUDY

Once the study is complete, you will need to return the receiver to the Endoscopy Unit so that the recorded information can be downloaded and analysed.

Your doctor will discuss the results with you once they become available. This usually takes one to two weeks.

The capsule will naturally detach from the wall of the oesophagus within a few days and pass harmlessly through your digestive system. You do not need to retrieve it.

YOUR ROLE IN THE STUDY

Your participation is essential to ensure accurate test results. Please complete your symptom diary carefully, record your symptoms accurately, and follow all instructions provided during the study.

WILL THE TEST CAUSE PAIN?

Most patients do not experience any discomfort during the procedure. Occasionally, some people may notice mild chest discomfort after the capsule is attached. This usually resolves naturally once the capsule detaches from the wall of the oesophagus.

HOW DO I PREPARE FOR THE TEST?

- If you are taking blood-thinning medication, please let us know before scheduling your procedure. Your doctor will advise whether these medications should be stopped a few days before the test
- Do not eat or drink after midnight on the night before your procedure
- If you have diabetes, speak to your doctor about how to manage your medication while fasting
- Unless your doctor advises otherwise, stop all medications used to treat acid reflux or those known to affect stomach function before the test. In some cases, your doctor may ask you to continue taking these medications to assess how well they control acid reflux and your symptoms

If you have been advised to stop your medication, please follow the guidance below.

STOP ONE WEEK BEFORE THE TEST

- Prilosec (omeprazole)
- Prevacid (lansoprazole)
- Nexium (esomeprazole)
- Aciphex (rabeprazole)
- Protonix (pantoprazole)
- Dexilant (dexlansoprazole)

STOP 72 HOURS BEFORE THE TEST

- Zantac (ranitidine)
- Pepcid (famotidine)
- Axid (nizatidine)
- Tagamet (cimetidine)

STOP 24 HOURS BEFORE THE TEST

- Maalox
- Mylanta
- Tums
- Rolaids
- Amphogel
- Gaviscon

Please note that your procedure may be cancelled if you do not follow these instructions carefully.

If you have any questions about other medications, please speak to your doctor.

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