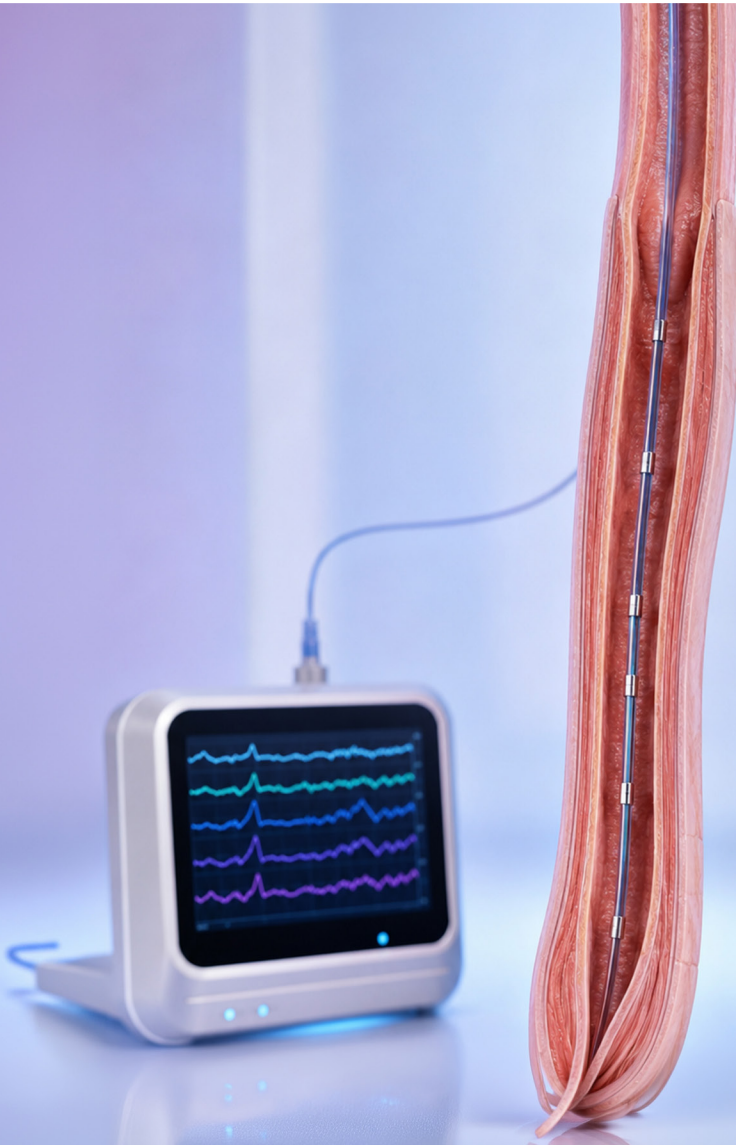


PATIENT INFORMATION ON OESOPHAGEAL MANOMETRY





WHAT IS OESOPHAGEAL MANOMETRY?

Oesophageal manometry is a procedure that measures the strength and function of the muscles of the oesophagus (food pipe), which move food and liquids from the mouth into the stomach.

PREPARATION FOR THE OESOPHAGEAL MANOMETRY TEST

- Do not eat or drink after midnight on the night before the test until the procedure has been completed
- Medications that need to be taken regularly, such as those for high blood pressure or heart conditions, may be taken with small sips of water when you wake up on the morning of the test
- If you have diabetes, missing breakfast may affect your diabetes medication requirements. In general, you should take half your usual morning dose of diabetes medication. Please discuss this with your doctor or healthcare provider before the procedure.
- Non-essential medications should not be taken on the day of the test until after the procedure has been completed. These include:
 - o Mix of brand and medication names. Perhaps use:
 - o Pain medications, such as meperidine (Demerol), codeine, morphine, oxycodone and aspirin (Percodan), oxycodone and paracetamol (Percocet), and tramadol
 - o Sedatives or tranquillisers, such as diazepam (Valium), chlordiazepoxide and clidinium (Librax), lorazepam (Ativan), amitriptyline, and chlorpromazine (Thorazine)
 - o Antispasmodic medications, such as dicycloverine (Bentyl), Donnatal, hyoscyamine (Levsin), glycopyrronium (Robinul), and mebeverine (Duspatalin)
 - o Gastrointestinal motility medications, such as metoclopramide (Reglan), tegaserod (Zelnorm), erythromycin, azithromycin, and domperidone (Motilium)
- In certain circumstances, your doctor may advise you to stop some of these medications for a longer period
- If you have any questions about a particular medication, please speak to your doctor or nurse
- If you are taking blood-thinning medication, please let us know before your procedure is scheduled

HOW IS OESOPHAGEAL MANOMETRY PERFORMED?

While you are seated, a member of the healthcare team will numb your throat with a local anaesthetic spray, apply an anaesthetic gel inside your nose, or use both.

A thin, flexible catheter is then passed through your nose into your oesophagus. The catheter may be covered with a water-filled sleeve. Although this will not affect your breathing, you may experience watering of the eyes, gagging, or minor nosebleeding caused by irritation.

Once the catheter is in position, you will either lie on your back on an examination table or remain seated, depending on the procedure.

You will be asked to swallow small sips of water while a computer connected to the catheter records the pressure, speed, and pattern of your oesophageal muscle contractions.

During the test, you will be asked to breathe slowly and steadily, remain as still as possible, and swallow only when instructed.

A member of the healthcare team may gently move the catheter further into your stomach or withdraw it slightly while measurements continue to be recorded. You will then sit upright and repeat the swallowing sequence according to the testing protocol. Once the study has been completed, the catheter will be removed slowly. The procedure usually takes around 45 minutes.

Most patients can resume their normal activities, eat, and take their usual medications immediately after the test.

WHAT ARE THE POSSIBLE SIDE EFFECTS?

Oesophageal manometry is generally a safe procedure, and complications are uncommon. However, you may experience some temporary discomfort during the test, including:

- Gagging as the catheter passes through your throat
- Watering of the eyes
- Discomfort in your nose or throat

After the procedure, you may experience mild side effects that usually resolve within a few hours, including:

- Sore throat
- Nasal congestion
- Mild nosebleed

WHEN IS OESOPHAGEAL MANOMETRY USED?

Oesophageal manometry is primarily used in the following situations:

- To investigate the cause of gastro-oesophageal reflux disease (GORD), where stomach acid and stomach contents flow back into the oesophagus. Common symptoms include heartburn and acid regurgitation
- To determine the cause of swallowing difficulties, such as food or liquids becoming stuck in the chest after swallowing
- To investigate chest pain that may originate from the oesophagus rather than the heart
- To accurately position the acid-sensing probe before oesophageal pH monitoring. Please refer to the separate patient information leaflet on oesophageal pH monitoring for further information

HOW ARE THE RESULTS USED?

Oesophageal manometry helps diagnose a number of disorders that affect the normal movement of food through the oesophagus.

For example, it can diagnose achalasia, a condition in which the lower oesophageal sphincter fails to relax properly, preventing swallowed food from entering the stomach.

It can also identify disorders in which the normal wave-like muscle contractions that move food down the oesophagus fail to develop, as may occur in conditions such as scleroderma.

Abnormal function of the oesophageal muscles may also cause episodes of severe chest pain that can resemble cardiac pain (angina). This may occur when the oesophagus goes into spasm or contracts excessively. Oesophageal manometry can identify these abnormalities in oesophageal function.

The test is also used to evaluate patients with (GORD). It can identify weakness of the lower oesophageal sphincter, the muscle that normally prevents stomach acid and stomach contents from flowing back into the oesophagus. In addition, oesophageal manometry accurately identifies the location of the lower oesophageal sphincter, which is essential when planning oesophageal pH monitoring.

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