

INFORMATION FOR PATIENTS

Oesophageal manometry and 24-hour pH tests

This leaflet has been written to answer some of the questions you may have about your forthcoming oesophageal manometry and 24-hour pH test. Please do not hesitate to ask if there is anything further you would like to know.

What is the oesophagus?

The oesophagus (gullet) is a muscular tube about 24cm long which runs from the throat to the stomach.

What are the tests?

The first test (the oesophageal manometry) measures the pressures in the oesophagus when food is being squeezed down. It also measures where the stomach begins and if the valve there is working correctly.

The second test (the 24-hour pH study) measures the amount of acid that wells up (refluxes) from your stomach into your oesophagus and will help us to find out if your symptoms are caused by acid reflux (the flow of the stomach contents back into the oesophagus).

This is a 24-hour test during which the acidity and alkalinity (the pH) of the oesophagus is measured and recorded. The pH is a scale of numbers between 0 and 14 that shows the strength of an acid or alkali. Acidic solutions have a pH less than 7; alkaline solutions have a pH greater than 7.

Why do I need the tests?

The tests will give information to your doctor about how well the gullet contracts to move food and fluid down, and how much acid is coming back up, so he/she is able to decide the best treatment for your condition.

What are the risks, consequences and alternatives associated with this test?

Be reassured that the side-effects outlined below are minimal and are outweighed by the benefits gained from the procedure.

There are side-effects associated with the procedure.

You may feel sick and faint but this usually passes once the tube is in the stomach.

Sometimes a nosebleed may occur, but this is usually short-lived and the test can continue as normal. On occasions the tube can pass into the lungs. If this happens it is pulled back immediately.

After the procedure, the nasal passages and throat may feel sore and you may have a hoarse voice. This should start to settle after 24 hours.

If you are concerned about any of these side-effects, or have any further queries, please speak to your consultant.

Your consultant has recommended this investigation as being the best option. There are no alternative investigations that will provide these diagnostic results. There is always the option of not having the investigation performed at all. If you decide not to go ahead with this investigation, then you would need to discuss this with your consultant. If you would like more information please speak to your consultant or one of the clinical physiologists who performs these tests.

Before the test

You should stop taking indigestion medication for seven days before so that we can obtain an accurate assessment of the amount of acid that is refluxing. This includes medicines called:

- Losec/Mepradec (omeprazole)
- Zoton (lansoprazole)
- Pariet (rabeprazole)
- Protium (pantoprazole)
- Nexium (esomeprazole).

In addition, the following medications should be stopped for three days before your appointment:

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

You should also stop any tablets that you take for sickness or dizziness for two days before your appointment:

- Stemetil (prochlorperazine)
- Motilium (domoperidone)
- Maxolon/gastrobid (metoclopramide).

Gaviscon, Maalox, Gastrocote, Kolanticon, Rennies etc., can be taken up to the night before your test.

Any blood thinning medications e.g. Clopidogrel, Apixaban, Rivaroxaban, should be stopped for 48 hours before your test. If you are unsure, please contact the endoscopy department.

You should continue taking medication for other conditions, e.g. heart problems, epilepsy, as normal. If you are diabetic please contact the department.

You should not eat or drink anything for six hours before the test.

You are advised to wear a separate top and skirt or trousers as the catheter is placed under your top and attached to a machine which is worn on a belt around the waist.

On your arrival

The technician will explain the procedure to you. This is to ensure that you understand the test and its implications.

The technician will also ask you some questions about your symptoms and the medication you have taken for them. This will help with the interpretation of the results. Please bring a list of your medication with you. Please tell the technician if you have any allergies, especially to bananas.

During the test

You will be made comfortable on a couch, sitting upright. Before the procedure, an anaesthetic spray will be given to anaesthetise your nasal passages and throat. You will not be put to sleep or sedated in any way.

Oesophageal manometry

The technician will pass a small manometry catheter through your nose into the oesophagus and stomach. You will then be asked to lie down while the full test takes place. The technician will give you small amounts of water and ask you to swallow when required; the catheter will also be moved slightly. Measurements will be taken during this test. This catheter will then be removed.

24-hour ambulatory pH

The technician will then pass a very fine acid measuring catheter through your nose and into your oesophagus. This will remain in place for the duration of the test (about 24 hours) and is attached to a recording machine (not much larger than a personal stereo), which is worn on a belt around the waist. You will be asked to complete a diary sheet during the period of the test.

How do I complete the diary sheet?

The technician will explain this to you at your visit. Most importantly we want you to record when you experience your symptoms, e.g. heartburn, regurgitation, etc. Please do this by:

- 1)** Pressing the button on the recorder every time you become aware of your symptoms (this inserts an electronic mark onto the recording).

and

- 2)** By writing on your diary sheet the nature of the symptom and the time it occurs (as displayed on the recorder).

You will also need to write down everything you eat and drink, and when you go to sleep (noting the start and finish times).

Please bring your completed diary sheet with you when you return to have your catheter removed.

Will I be able to feel the catheter?

You will be aware of the catheter in the back of your throat, but most patients find they become less aware of it with time.

Will I be able to eat and drink as normal during the 24-hour pH test?

We especially want you to continue with your normal diet throughout the test as we need to see what happens during a normal day. Please do not chew gum. The catheter may move very slightly as you eat and it may feel strange but we would like you to persevere as it is important to know what happens after mealtimes.

Will I be able to sleep?

When going to bed, you may wish to sleep with the device around your waist. Alternatively, you can undo the waist belt and put the recorder (still attached to you) on your bed or bedside table. Again, it is important that you sleep in your normal position and record any symptoms that disturb you during the night.

What happens if I need to cough, vomit or blow my nose?

The catheter will be securely taped to your cheek and behind your ear and is not likely to move on these occasions. If you have a cold and your nose begins to run, try not to blow it but dab it instead.

Very rarely, the catheter can be vomited back up into your mouth and if this happens you will have to remove it, instructions for this are included on the following page.

Can I take any medication for indigestion during the test?

No. As these have the effect of reducing or masking the amount of acid present and therefore will give us an inaccurate result.

Will I be able to go to work?

Yes, if possible please follow your normal daily routine. However, if you feel you do not want to go to work, please still be as active as you normally would be.

Will I be able to have a bath or shower?

No, as the recorder must not get wet. Please do not go swimming either.

Is the equipment easily damaged?

The equipment is new and expensive so we would like to ask you to treat it with care. The catheter is particularly vulnerable and if it catches on a door handle, for example, it will be irreparably damaged. It is therefore advisable to wear a loose top over the recorder and catheter to protect against this.

What should I do if I cannot tolerate the presence of the catheter?

We would like to reassure you that this is very unlikely. However, if you feel that you cannot tolerate the catheter it is possible to remove it yourself, as follows:

- Untape the catheter from your face.
- Take a deep breath in and pull it out from the nose.

After removing the catheter, place all the equipment in a plastic bag and return for your appointment as arranged. Obviously, if this happens we will gain less information about your condition.

What happens when I return to have the catheter removed?

This appointment only takes between 5-10 minutes. The recorder is stopped and the catheter is removed (this only takes 2-3 seconds and is not uncomfortable). The technician will then look at your diary sheet with you to ensure that we have all the relevant information.

Contact details

King's Mill Hospital Endoscopy Unit, telephone 01623 622515, extension 3538.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

<p>To be completed by the Communications office Leaflet code: PIL202505-01-OM Created: May 2025 / Review Date: May 2027</p>
