



## OESOPHAGEAL MANOMETRY AND PH STUDY

### **Oesophageal Manometry**

This is a test of how the oesophagus functions. The oesophagus is the tube that connects the back of the throat to the stomach, through which food passes. Contraction waves push the food downwards. There is a valve at the lower end of the oesophagus called the lower oesophageal sphincter (LOS), which is normally in a state of contraction. The LOS stops food and acid from moving back from the stomach into the oesophagus, a condition called gastro-oesophageal reflux. During swallowing, the LOS relaxes to allow food to pass into the stomach.

### **What the test involves**

Oesophageal manometry records oesophageal contractions during swallowing and measures the 'tightness' of the LOS and how well it relaxes. A thin catheter (tube) is passed through the nose into the stomach, while you are sitting upright and taking small sips of water. The catheter sliding through the nostril and the back of the throat will cause some discomfort and often a degree of 'gagging' and retching, but this usually resolves quickly. You will then lie flat whilst measurements are taken. You will be asked to swallow small amounts of water squirted into your mouth via a syringe. This test lasts for 20- 30 minutes

### **Lower Oesophageal pH study**

This test measures the amount of acid refluxing from the stomach into the oesophagus. To obtain reliable readings a 24-hour monitoring period is required and this test is carried out at home.

### **Before the test**

Stop any acid suppression medicine such as omeprazole (Losec), esomeprazole (Nexium), lansoprazole (Zoton), pantoprazole, (Protium) or rabeprazole (Pariet), , ranitidine (Zantac), , famotidine (Pepcid) or cimetidine (Tagamet) 2 weeks before the test.

Do not eat or drink anything for 6 hours before the test.



## **What the test involves**

Oesophageal manometry is performed first to determine the level of your LOS. Once the manometry catheter is removed, a very fine pH probe will be passed through your nose and throat. As with the manometry catheter, a degree of 'gagging' and retching may be experienced, but, as the pH probe is much finer, it is usually well tolerated for the duration of the study. You can eat, drink and carry out your usual daily activities.

The pH catheter is secured with tape placed across the cheek and neck. At the end of the 24 hours, you can remove it by taking off the tape and sliding the catheter out.

Two sensors at the end of the pH catheter record the presence of acid in the stomach and the oesophagus. The pH catheter is attached to a recorder, using a connection similar to that of a telephone lead. The recorder is the size of a 'Walkman' which you hang over your shoulder for the 24 hours.

The pH catheter should be discarded at the end of the test, but the recorder must be returned to the endoscopy unit.

## [There are 3 buttons on the recorder that you must know about:](#)

The first button records your position, either standing/sitting OR lying down. You should press this button each time you change position.

The second button records when you eat or drink. You should press this button when you eat or drink anything and press it again when you finish.

The third button records when symptoms occur. You should press this button when any symptom starts.

## **24 hour diary**

You are required to keep a 24 hour diary during the pH study. You should record when you eat or drink, and give a brief description of each meal (eg sandwich, pasta, curry, orange juice, coffee, wine etc). Importantly, if you experience any symptom, record its timing and duration, and give a brief description eg heartburn, chest pain, swallowing difficulty etc.





# The London Gastroenterology Partnership

**IMPORTANT: You should return both the pH recorder and 24 hour diary on the next working day after completion of the test.**

*If you have any queries or concerns please do not hesitate to contact us on Tel: 020 8337 9609*

