

High Resolution Oesophageal Manometry and 24-hours Reflux pH Studies

This leaflet explains Oesophageal Manometry and pH Studies, including the benefits, risks, possible alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What are Oesophageal Manometry and pH Studies?

Oesophageal manometry assesses the function of the oesophagus (gullet). This involves measuring the pressure in your oesophagus. 24-hour pH monitoring measures the amount of acid coming up (refluxing) into the oesophagus from the stomach over a 24-hour period. This allows us to establish whether your symptoms are due to acid / non-acid reflux. Patients are usually referred for these investigations because they have a certain type of symptoms. These typically include heartburn, regurgitation, chest pain, difficulty swallowing, belching or persistent cough. This test takes place at the **Nelson Health Centre**, **Wimbledon** or **Queen Mary's Hospital, Roehampton.** Please refer to your appointment letter to find out for which location your procedure is booked.

Why should I have Oesophageal Manometry and pH Studies?

The benefits of these investigations help the doctor to correctly diagnose your problem and determine the correct treatment plan for you. It is also a pre-operative requirement for patients considering certain operations including anti-reflux surgery.

What are the risks?

The side effects of the procedure may include bleeding from the nose, discomfort, possible retching from inserting the tube and a sore throat after the procedure. These will be temporary and usually stop as the tube is taken out or shortly after the procedure.

Are there any alternatives?

A barium swallow can be used instead of oesophageal manometry. However, this is a much less sensitive test and does not provide the same information. The alternative for pH studies involves endoscopic insertion of a wireless capsule called a Bravo capsule into the oesophageal wall.

How can I prepare for Oesophageal Manometry and pH studies?

A week before: Stop any acid suppression medicine such as Omeprazole (Losec), Esomeprazole (Nexium), Lansoprazole (Zoton), Pantoprazole (Protium), Rabeprazole or Famotidine.

On the day of the test: Do not eat six hours before the test and you are only allowed to sip a small amount of water if necessary. Please do not wear make-up or heavy face cream on the day of the test and please bring a list of your medications with you.

Asking for your consent

It is important that you feel involved in decisions about your care. For this investigation we take consent. You will be asked to sign a consent form to say that you agree to have the investigation and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy using the contact details provided at the end of this document.

What happens during the test?

In most cases there are two parts to the test. The first part of the test is the oesophageal manometry. Firstly, your nose is sprayed with a local anaesthetic (as long as you are not allergic) which numbs the nose. A thin tube is passed gently into the stomach via your nose as you sip some water. The process takes around 15 minutes. During that time, you will be asked to follow swallow small amounts of very slightly salty water. The tube is gently removed after the investigation.

The pH study is the second part of the test which occurs directly after the first test. A finer tube is gently passed into your oesophagus via your nostril and secured to the side of your face. This tube stays in for 24 hours, so you go home with it in. You will be instructed during the appointment on how to use the device and how to remove the tube after the test is completed.

The device must be returned to the main reception, ground floor at the Nelson Healthcare Centre or Suite 2, Ground Floor, Queen Mary's Hospital on the day agreed with Physiology Team in the same condition.

What happens if I do not stop my acid suppression medicine?

We may be unable to perform the 24-hour pH study and your appointment may be cancelled on the day and rearranged to avoid a false negative result. You are allowed to take Gaviscon and Rennie's until 24 hours before the test.

Will I feel any pain?

The test is more likely to be uncomfortable rather than painful. The anaesthetic spray will

reduce any sensation of the tube when it is inserted.

Will I be able to eat and drink as normal?

Yes – We encourage you to carry out your daily activities as close as possible to normal.

Will I be able to sleep?

Yes – You can place the recorder, still attached to you, under your pillow or on a bedside table. As the machine is not waterproof you will not be able to have a shower or bath with the recorder.

What happens after the test?

You can drive home after the test and we encourage you to resume normal life whilst the tube is in situ. You *should not take* your acid suppression medication during the 24-hour monitoring period. This can be continued when the 24-hour tube has been removed.

How do I return the box the following day?

Return the box based on the **location of your initial appointment**:

- to the **Nelson Health Centre** Reception, Ground Floor on the same day as removing the catheter. This can be returned at any time before the Health Centre shuts at 7pm.
- Return the box to Day Case Unit (Endoscopy), Ground Floor, Queen Mary's Hospital on the same day as removing the catheter. This can be returned at any time before 4:30pm. Note: If your appointment is on a Friday you will need to return it on the following Monday.

We have a limited number of boxes so please return it promptly.

Will I have a follow-up appointment?

You will have a follow-up appointment scheduled with your referring consultant who will go through the results with you.

Useful addresses

Oesophageal Manometry and pH studies procedure Outpatient Department, 1st Floor Nelson Health Centre Kingston Road Wimbledon, SW20 8DA

Suite 2, Outpatients

Ground Floor Queen Mary's Hospital Roehampton Lane, SW15 5PN

Useful sources of information

- Primary Care Society for Gastroenterology 01865 226 757 <u>www.pcsg.org.uk</u>
- Oesophageal Patients Association <u>www.opa.org.uk</u>
- Living With Reflux (Community Support Group) www.livingwithreflux.org

Contact us

If you have any questions or concerns, please email us on <u>Glphysiologyqueries@stgeorges.nhs.uk</u> which is regularly checked. Alternatively, please contact the administration team on 020 8725 3569 (Monday to Friday, 9am to 5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit <u>www.stgeorges.nhs.uk</u>

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.



A Walk-in service is available: Monday, Tuesday and Thursday between 10am and 4pm Friday between 10am and 2pm. The Walk-in and Advisory telephone services are closed on Wednesdays. Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 Email: pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** <u>www.nhs.uk</u>

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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