

Oesophageal Manometry and 24 hour pH monitoring - A guide to the test

Information for patients



Abdominal Medicine
and Surgery

This leaflet is intended to answer some of the questions you may have about your forthcoming oesophageal (gullet) tests. Please do not hesitate to ask if there is anything further you would like to know.

Why do I need the test?

You will have recently attended for an outpatient appointment with problems associated with heartburn or chest pain, or swallowing problems, or a persistent cough, or perhaps nausea and vomiting.

These, and some other symptoms, can be associated with disorders of the oesophagus (gullet). These tests have been requested so that your consultant can establish what is causing your symptoms and then offer the most appropriate treatment.

Preparation for the Test

You should stop taking medication that controls acid in the stomach before the test.

'PPI' drugs should be stopped one week before, for example:

- Omeprazole (Losec), Esomeprazole (Nexium), Lansoprazole (Zoton), Rabeprazole (Pariet), Pantoprazole (Protium).
- Ranitidine (Zantac), famotidine, cimetidine (Tagamet), Nizatidine – should be stopped two days before.
- Antacids such as gaviscon/rennie can be used instead of the other medications for the week leading up to the test but must be stopped twelve hours before your test.

You can continue taking the rest of your usual medication. Please bring a list of your medication with you

What should I expect?

On the day of the Test:

You should not eat anything in the six hours before the test but you may continue to drink water up to three hours before the test.

In practice this will mean nothing to eat from midnight for morning appointments or from 8:00am for afternoon appointments.

If you are taking diabetic medication contact the department on 0113 206 4268 or your GP or nurse specialist for advice.

On arrival

Upon arrival to the department (see map for directions), you will have an interview with the person performing the test to discuss your symptoms and receive more information about the test. You will also have the opportunity to ask any question you may have.

What is oesophageal manometry?

Oesophageal manometry is a test that looks at the way the muscles in your oesophagus (gullet) work. It involves passing a small tube (catheter) down into your stomach. The catheter goes through your nose first - this may seem a strange way to get to your stomach but in fact makes the procedure more comfortable and enables you to talk and swallow normally. If you prefer, a local anaesthetic spray can be used to numb your nose and throat for a few minutes before the catheter is passed.

Once the catheter is in place, you will be asked to lie down on a couch and the investigator will use specialised equipment to see how the gullet muscles are working. During the test you will be asked to swallow small and then larger amounts of water, at timed intervals. The test will take about 30 minutes to complete and once finished the test the catheter is taken out.

What is 24hr pH monitoring?

24hr pH monitoring is a test that looks at how often stomach acid leaks back (refluxes) from your stomach into the bottom part of your gullet. This happens to everyone to some extent, but if the amount of acid reflux becomes excessive then heartburn, chest pain etc. can happen. A small acid sensing catheter will be passed through your nose and into the lower part of your gullet. Once the catheter is in place, it will be connected to a small data recorder that will measure the amount of acid reflux that occurs over the next 24hrs.

You will be aware of the catheter and may find it a little uncomfortable but it should not stop you eating and drinking or going about normal daily activities. In fact it is important that you try to do so. You will be given a sheet of instructions the investigator will go through this with you before you leave. You can then go home. You will need to return the following day when the catheter will be removed and the data downloaded to a computer.

What happens after the test?

If you drove yourself to the appointment you should be able to drive afterwards as you will not have received any sedation and you can carry on your normal daily activities straight away.

Are there any risks?

These test are very safe, and side-effects are usually minor. Some people experience a sore throat for a day or so afterwards and this can be treated with simple throat lozenges. Other rare side-effects include nose-bleeds or sinus problems, which are usually mild and short-lived.

Occasionally people are unable to tolerate the tube being passed over the back of the throat and it is not possible to do the test.

Are there any alternatives?

Your doctor has recommended oesophageal manometry as it is the best way of diagnosing your swallowing problems or symptoms of chest pain. There is no real alternative to an oesophageal manometry test - the information obtained is very specific. A barium swallow can sometimes be useful; however, this does not provide the same information. You would need to discuss this alternative with your doctor . Although oesophageal manometry is a very sensitive test, no procedure is 100% accurate and there is a small chance that abnormalities can be missed.

If you are worried about any of these risks, please do not hesitate to contact the department before you are due to have this test.

What happens if I decide not to have the test

Your doctor may not be able to confirm the cause of the problem, if you decide not to have either of the investigations and therefore you should discuss this carefully with your consultant.

This leaflet has been designed as a general guide to your test. If you have any questions that you feel have not been answered, or if you require patient transport or need an interpreter for this test contact the department of gastrointestinal physiology on:

Telephone: 0113 206 4268 (Mon - Fri : 8.30am - 4:00pm)



What did you think of your care?

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