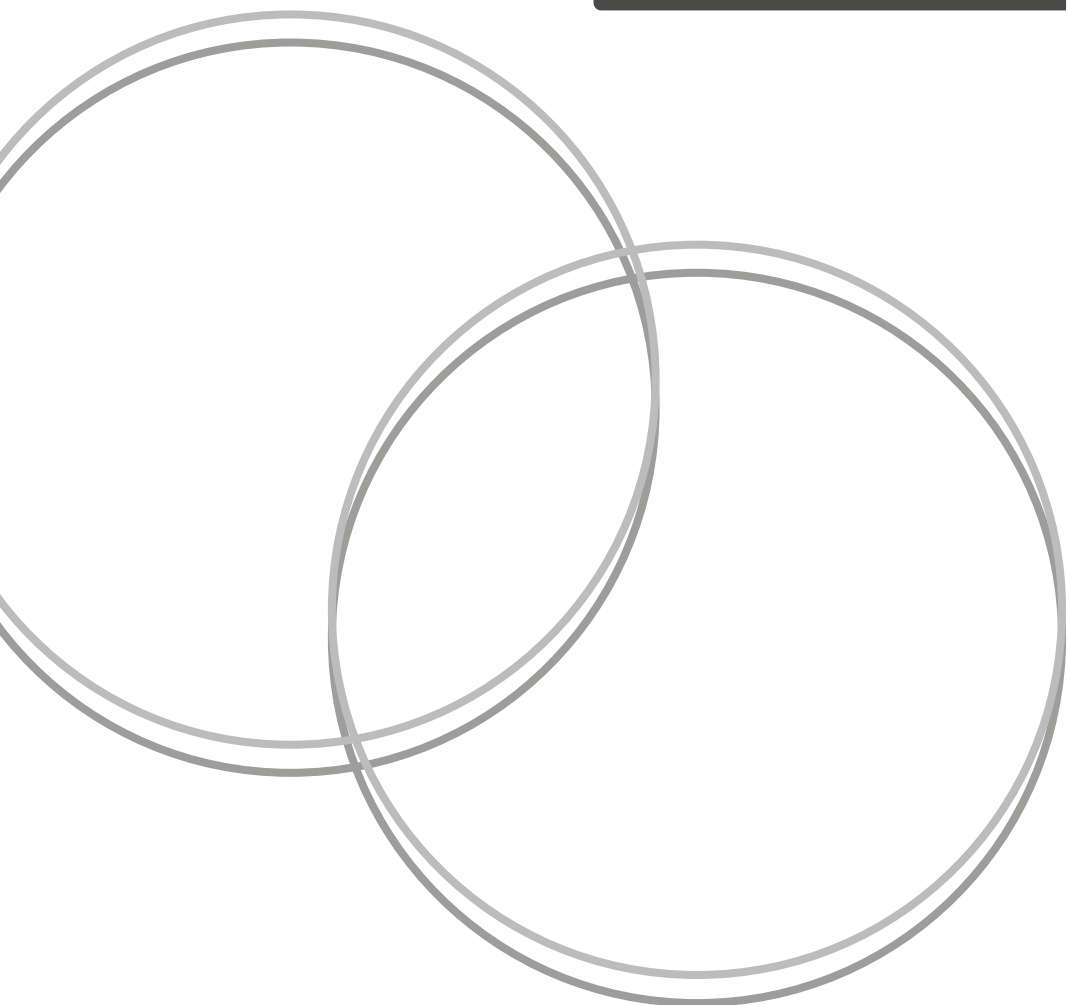




Oxford University Hospitals
NHS Foundation Trust

High Resolution Oesophageal Manometry and 24 hour pH Monitoring

Information for Patients



A request has been sent to the GI Physiology Department to book an appointment for you to come to the Churchill Hospital to have High Resolution Oesophageal Manometry and 24 hour pH Monitoring which may also include 24 hour impedance monitoring, or High Resolution Oesophageal Manometry only. This leaflet has been written to answer the most frequently asked questions about these tests. It is not intended to replace the discussion between you and your Doctor, but may act as a starting point for further discussion.

Frequently asked questions:

Q: What is High Resolution Manometry (HRM)?

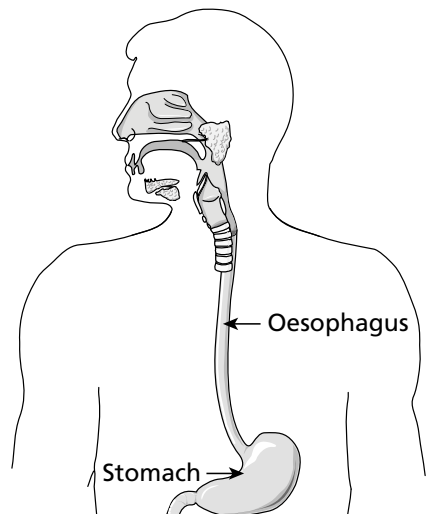
A: HRM is a test to assess the pressure of your oesophagus (gullet or food pipe) and the valves at the top and bottom of your gullet, while you are swallowing water or bread.

Q: What is 24 hour pH Monitoring?

A: This is a test to assess the amount of acid coming out of your stomach (refluxing) over a 24 hour period.

Q: What is 24 hour impedance monitoring?

A: This is a test to assess the amount of non acidic fluid coming out of your stomach (refluxing) over a 24 hour period.



Q: Why do I need these tests?

A: To provide your doctor/consultant with important information, so that they can offer you the most appropriate treatment choice to improve your symptoms.

Q: Is there an alternative to this test?

A: No.

Q: Do I need to prepare for the test?

A: Yes. You will be required to stop certain medications prior to the test, so that the results of the test are a true reflection of your condition.

Please note that the symptoms you experienced prior to taking these medications are very likely to return when you stop them. If you have any concerns about this, please contact your referring Consultant or the GI Physiology Department on the number provided at the end of this leaflet.

Medications to stop before the test

If you are taking the following medications you will need to stop them before the test:

7 days before your appointment STOP:

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

2 days before your appointment STOP:

- ranitidine (Zantac)
- cimetidine (Tagamet, Dyspamet)
- nizatidine (Axid)
- famotidine (Pepcid)
- cisapride (Propulsid)

- metoclopramide (Maxolon)
- domperidone (Motilium)
- ondansetron (Zofran)
- baclofen (Lioresal)
- hyoscine butylbromide (Buscopan)
- alverine citrate (Spasmonal)

24 hours before your appointment STOP:

- Gaviscon
- Rennies

All other medication should be taken as usual. **Please bring a list of your current medication**, including over the counter and herbal remedies.

Do not have anything to eat for **4 hours before the test**. You can continue to sip water up to **2 hours before the test**. If you are a diabetic and you need to eat something before your appointment, please have something light, such as toast. Please tell the person performing your test that you are diabetic when you arrive. You may want to bring something to eat after the test.

Q: What do these tests involve?

A: The tests are performed separately, but on the same day.

The first part is the HRM, which involves passing a thin tube through your nose, over the back of your throat, down your oesophagus (food pipe) and in to your stomach. The tube is connected to the HRM measuring equipment.

You will need to lie on your side and the tube will be secured by taping it to your nose. You will then be given a series of 5ml water swallows (1 teaspoon) at a time. After this, you will be offered bread and butter to swallow. **(If you have a gluten or dairy intolerance please bring an appropriate replacement bread or spread to the appointment with you.)** When you have completed all of the swallows, this tube will be withdrawn from your nose.

The pH and impedance monitoring part of the test also involves passing a thin plastic tube through your nose, over the back of your throat, down your oesophagus (food pipe) and in to your stomach. There are sensors on the tube which detect acid and non-acid reflux.

The tube will be taped securely to your nose and cheek and is then connected to a small recording box. The recording box is carried with an over the shoulder strap and is not heavy.

You'll be sent home with the tube and box. You will be given a paper diary to record symptom episodes, food and drink and your periods of sleep – this will be explained in detail at your appointment.

If you are allergic to Mefix tape, please bring an alternative with you on the day.

Q: Does it hurt?

A: It is not usually painful when the tube is inserted through your nose. It is likely to cause your eyes to water and can briefly cause a 'gagging' sensation when it passes over the back of your throat. Full instructions will be given to you to minimise any discomfort during the passing of the tube.

Q: Can the tube be put through my mouth instead?

A: No, this is not necessary because the tube is very thin. You are less likely to gag when the tube is passed via your nose, which will make this procedure less uncomfortable for you.

Q: Will I have a nose bleed?

A: This is very unlikely, because the tube is not forced.

Q: Can I have sedation?

A: No. This test requires you to actively swallow and because of this you cannot have sedation. However, a mild anaesthetic spray is available; this is not used routinely and does not take away the sensation of the tube completely, but in cases of severe gagging can be helpful.

Q: What happens if I don't like it?

A: You can withdraw your consent to continue this test at any time and the clinician will stop immediately.

Q: Will I feel the tubes in my throat?

A: Yes, they are frequently described as 'a small peanut' at the back of the throat. Some people report that this sensation lessens over the day.

Q: Can I drive home?

A: We recommend that someone drives you to and from the hospital on both days; it will be less for you to worry about. However, as sedation is not involved, you can drive yourself if there is no alternative, but we advise allowing time for the tube to settle, perhaps having a drink in the hospital café before you leave.

Q: What happens if I cough, sneeze or vomit?

A: The tube is taped very securely to your nose and is unlikely to move. Very rarely the tube can be vomited in to your mouth. If this should happen, it cannot hurt you, but you may start to gag. Take the tape off your cheek and nose and pull the tube slowly through and out of your nose. There is no need to contact anyone if this happens, just bring the box and tube with you the next day.

Q: Will I be able to eat and drink during the test?

A: For the best possible results you will be encouraged to have as normal a day as possible, including eating and drinking normally, but you should not take any tablets to help any acid reflux symptoms you may experience during the test day.

Q: Can I shower or have a bath with the box on?

A: No, the box and tape must not get wet.

Q: What do I do with the box when I go to bed?

A: Take the strap off and place the box beside you, taking care not to pull the tube out of the box.

Q: Is the box fragile?

A: The box is well protected by the carrying pouch; however please avoid dropping or squashing it. The tube should not be folded, as this may damage it.

Q: When does the recording tube come out?

A: You will be shown how to remove the tube from your throat via your nose which will be prior to your appointment the next day.

Q: What happens when I return to the hospital the next day?

A: The recording box and diary card is returned to the department.

Q: When do the results go?

A: The results will be sent to your referring Consultant/Doctor as soon as they are ready within 2 weeks of your test. However, we will be happy to answer any general questions you may have about your test on the day.

Q: Will my GP get a copy of my results?

A: We do not routinely send a copy to your GP, unless they were the person that referred you to us.

How to contact us

If you have any questions or need advice please contact us, either by telephone or email.

Tel: **01865 235 881**
(during office hours)

Email: Gastrointestinalphysiology@oxnet.nhs.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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