



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Understanding Oesophageal Manometry

Information for patients, relatives and carers

① For more information, please contact:

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This booklet includes content taken from:

- “High resolution oesophageal manometry and pH monitoring”, June 2016, Hull and East Yorkshire Hospitals NHS Trust
- “High Resolution oesophageal manometry”, August 2016 Hull and East Yorkshire Hospitals NHS Trust
- “Having Oesophageal manometry information and your questions answered” (review date October 2020), The Newcastle upon Tyne Hospitals NHS Foundation Trust
- “Having oesophageal physiology tests information and your questions answered” (review date October 2020) The Newcastle upon Tyne Hospitals NHS Foundation Trust.

With thanks to the above NHS Trusts for giving us permission to use their information.

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This information leaflet has been prepared to help you understand more about having an oesophageal manometry. It includes answers to questions asked most frequently and has been written to help you make an informed decision about whether to have the test.

Why do I need Oesophageal Manometry?

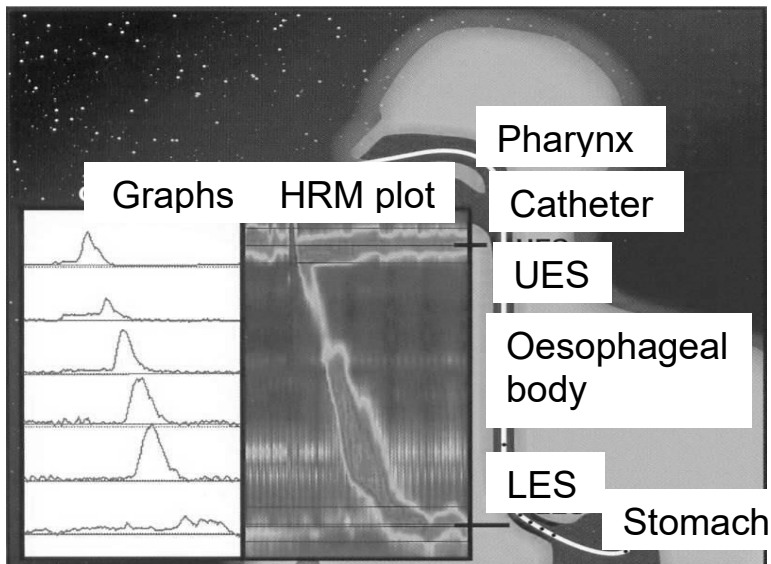
Oesophageal Manometry is very useful in looking at a range of symptoms, which are thought to begin in the gullet. Some people will have had a barium x-ray examination or an endoscopy (camera) test first, to tell if there are any areas of inflammation or narrowing.

When you swallow, the gullet (oesophagus) makes a wave pattern to push food and drink into the stomach. Sometimes this does not work properly, causing a variety of symptoms such as pain or a difficulty in swallowing. Oesophageal Manometry allows us to look at these wave patterns.

Your consultant may have requested this test to investigate any suspected abnormalities in the way your oesophagus works. The test is also required before anti-reflux surgery to make sure your oesophagus is working well enough for you to have the operation.

What does Oesophageal manometry involve?

High-resolution oesophageal manometry is a test that measures the pressure activity within the oesophagus and the sphincters (ring like muscles, which close a natural orifice or passage at either end of the oesophagus). A multi-pressure sensor catheter has sensors situated at 1cm intervals and allows for measurement along the entire length of the oesophagus and sphincters at each end simultaneously (see diagram below). This enables an assessment of how well the muscles in the oesophagus and the sphincters at either end are working and whether contractions within the oesophagus are coordinated.



High Resolution manometry illustration courtesy of <http://www.mmsinternational.com/int/1688/laborie-education-webinar-hrm>. Accessed February 2019. Used with permission.

How do I prepare for the test?

- Do not eat anything for four (4) hours or drink anything for two (2) hours before your appointment time.
- Your appointment may be cancelled if you have not starved for the correct length of time. This is because for the best and safest examination the stomach must be completely empty.
- Please tell your doctor of any allergies or significant medical conditions prior to your examination.
- Diseases such as heart or lung conditions might require special attention during the procedure. If you are a diabetic, we may need to make special arrangements for you.
- Some tablets interfere with the test. Please stop taking the medications listed below (unless we instruct you otherwise) so we can obtain an accurate assessment of the pressures within your oesophagus:

Seven days before your appointment stop taking:

Any proton pump inhibitors such as:

Omeprazole (Losec)

lansoprazole (Zoton)

rabeprazole (Pariet)

esomeprazole (Nexium)

pantoprazole (Protium)

Three days before your appointment stop taking:

Ranitidine (Zantac)
Cimetidine (Tagamet)
Mebeverine (Colofac)
Hyoscine butylbromide
Peppermint Oil

12 hours before your appointment stop taking:

Domperidone
Metoclopramide
Antacids and indigestion remedies which include:
Altacite Plus, Gaviscon, Peptac, Maalox, Rennies
and Settlers, Asilone and Algicon.

- Please take any other medications at the normal time.
- If you have diabetes, please contact the endoscopy unit.
- If you take Warfarin, please ensure your INR is within normal range before your appointment.
- If you have any queries relating to your medication, please contact us.
- If you need ambulance transport, please arrange this at least seven days before your appointment.
- Wear loose and comfortable clothes.

What can I expect during the examination?

The doctor will discuss your symptoms with you and why Oesophageal Manometry is being performed. The tests involve using a small flexible tube (catheter) with some Jelly applied on the tip. This is passed through your nostril, over the back of the throat and into the gullet. This will not affect your breathing. As the tube is passed, you may experience temporary discomfort in the nose and may have some mild retching. Slow regular breathing will help control retching. The tube will remain in place for about 15-20 minutes whilst you are given sips of water, which you will be asked to swallow. During this period, several pressure sensors on the side of the tube detect the activity of the muscles in the gullet. The tube is then easily removed. Most patients consider the test to be only slightly uncomfortable.

Although the doctor may be able to give you some early indication of what is found, these tests are best analysed carefully, which takes some time. We aim to send the results to the referring doctor within two weeks of your test. This is the person who will discuss the final results with you.

Will I be able to feel the catheter (tube)?

You will be aware of the catheter in the back of your throat throughout the test, but most people find they become less aware of it with time. You may find it uncomfortable and occasionally your throat may be sore. This sensation will disappear once the catheter is removed.

What are the risks of having Oesophageal Manometry?

Oesophageal function tests are generally very safe. Complications can occur but are rare and usually easily managed.

- Passing the tube into the oesophagus may make you feel a little sick to begin with, but this usually settles quite quickly (9 in 10 cases).
- Sometimes we are unable to pass the tube through your nostril if it is very narrow and we then have to use the other nostril (1 in 200 cases).
- The nose can occasionally bleed a little due to slight trauma from the tube (1 in 10 cases).
- You may feel your throat is a little sore for a while (8 in 10 cases).
- Occasionally when the tube is being passed, it can slip down the wrong way or curl. The team quickly detects this, and the tube is removed (1 in 10 cases).
- Other complications include vomiting (1 in 30), fainting (1 in 500) or wheezing (1 in 100).

Most complications are very mild and quickly dealt with at the time. However if after going home you develop increasing throat, nose or chest pains you should contact the emergency number on the letter you will be given to take home with you.

What are the benefits of oesophageal function tests?

These tests enable the doctor to know whether the muscles in your gullet are working properly or not. It allows the doctors to look at the wave patterns in your gullet as a response to your swallowing. Most people will also have a pH study performed on the same day (see additional leaflet if required). This test involves the passage of a smaller tube into the gullet.

Are there any alternatives to the test?

There are no specific alternatives to this test.

Arrangements to get home after the test

The appointment will last for about 60 minutes. You should arrange your own transport for these tests unless you have specific difficulties. We do not give any sedative, so you will be safe to drive. Some people like to be accompanied by a relative or friend.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr A Krishnan, Consultant Upper GI Surgeon,
The York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 725523.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:
www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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