



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

# Understanding Oesophageal pH Monitoring

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
- “Having oesophageal physiology tests information and your questions answered” (review date October 2020) The Newcastle upon Tyne Hospitals NHS Foundation Trust.

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This information leaflet has been prepared to help you understand more about oesophageal pH monitoring. It includes answers to questions most frequently asked by patients. Please read it carefully.

If you have any questions about your need for oesophageal function tests do not hesitate to speak to your doctor about it. If you have questions that have not been answered, please ask about them before the doctor starts the test.

## **What is oesophageal pH monitoring?**

This is a test, which enables the doctor to measure the reflux (or backwash) of acid from your stomach (where acid should be) into your gullet (oesophagus). The pH test involves the passage of a small tube, through your nose into your gullet, where it stays for 24 hours.

This allows us to establish whether your symptoms are due to acid reflux. Depending on your symptoms, your doctor may have requested a pH-impedance study, this measures the amount of gas, acid, and non-acid reflux that flows back into the oesophagus over a 24-hour period, and how high up the oesophagus the reflux reaches. Most people will also have a manometry test.

# How do I prepare for the test?

For the best and safest examination, the stomach must be completely empty. You cannot have anything to eat or drink, including water, for approximately **four** hours before your examination.

Please tell your doctor of any allergies or significant medical conditions prior to the examination, although this information is normally available from your medical records. Diseases such as heart or lung conditions might require special attention during your procedure. If you are a diabetic, we may need to make special arrangements for you. Some tablets, such as lansoprazole, esomeprazole or omeprazole will interfere with your test. We may ask you to stop some of your tablets temporarily to allow us to perform 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):

**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, Rennie's and Settlers, Asilone and Algicon.

- Please take any other medications at the normal time.
- If you have diabetes please contact the oesophageal 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 be expected during the examination?**

You will be made comfortable sitting upright on a couch. The specialist nurse will then pass a fine tube (catheter) via your nose and throat into your oesophagus. The catheter will remain in place for the duration of the test (24 hours) and is attached to a hand sized recording machine (see image below).



pH impedance box and catheter illustration courtesy of [http://ardmorehealthcare.com/downloads/ohmega\\_brochure\\_long.pdf](http://ardmorehealthcare.com/downloads/ohmega_brochure_long.pdf) BR.4071.B.A4. Accessed February 2019. Used with permission.



We will ask you to complete a diary sheet at home throughout the test. You will be asked to record your symptoms, meal times, and rest periods by pressing a button on your recorder (this inserts an electronic mark on the recording).

You then return to the hospital the next day to have them removed. The tube is then easily removed. Most patients consider the test to be slightly uncomfortable.

Upon removal of the tube, the recorder is attached to a computer so that the information it has gathered can be downloaded into the computer where it is examined and put into graphic form. These tests are best examined carefully, which takes some time.

# What are the risks of having Oesophageal pH monitoring?

Oesophageal pH monitoring is generally very safe. Complications can occur but are rare when a gastroenterologist or technician with specialist training and experience in this procedure performs the test.

- Passing the tube into the gullet may make you feel a little sick to begin with, but this usually settles quickly.
- 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.
- The nose can occasionally bleed a little due to slight trauma from the tube. You may feel that your throat is little sore for a while.
- Occasionally when the tube is being passed, it can slip down the wrong way. The team quickly detects this, and the tube will be removed.
- Other complications include vomiting, fainting or wheezing.

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

## **What are the benefits of having oesophageal pH monitoring done?**

Oesophageal pH monitoring can be very useful in understanding the symptoms of gastro-oesophageal reflux and compares them with the exposure of the gullet to acid. It is used to assess complex oesophageal problems.

## **Are there any alternatives to the test?**

There are no specific alternatives to this test.

## **Arrangements to get home after the test**

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

## **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.

## **Will I be able to eat and drink as normal?**

You should eat and drink normally throughout the test as it is important to record what happens during a normal day. The catheter may move slightly as you eat, which may cause a strange feeling in your throat, but this should settle when you stop eating. **Please do not chew gum.**

## **Will I be able to sleep?**

When you go to bed, you should unclip the belt and place the holder and recorder (still attached to the tube) on your bedside table or under your pillow. It is important that you sleep in your normal position and record when you go to bed and get up and also any symptoms that disturb you during the night.

## **What happens if I need to cough, vomit, or blow my nose?**

The catheter will be securely taped to your nose, cheek, and neck and is not likely to move during coughing, vomiting, or blowing your nose. Very rarely, the catheter can be vomited back up into the mouth and if this happens, it must be removed. To do this, unclip the catheter from the recorder, remove the secure tapes, take a deep breath, and pull the catheter out from your nose. The catheter can be disposed of with your household rubbish, but all other equipment should be returned to us as arranged.

## **Can I take my medication for indigestion during the test?**

Unless otherwise instructed, please do not take any indigestion medication during the test as most of these medications reduce or mask the amount of acid present in the oesophagus and will alter the result of the test.

## **Will I be able to work?**

If possible, depending on your work, please follow your normal daily routine. However, if you feel it inappropriate to remain at work try to be as active as you would normally be whilst at home. Heavy manual work would be difficult with the catheter in place.

## **Can I bathe/shower?**

It is very important that the recorder and securing tapes do not get wet. Please avoid having a bath or shower whilst the recording is taking place. Be careful not to catch the equipment in door handles etc.

## **Can I drive?**

You may find the tube distracting initially and need to wait for a few minutes following the test to adjust to having the tube in place before driving. Do not attempt to record symptoms whilst driving.

## **What should I expect when I return to have the catheter removed?**

The appointment takes 5-10 minutes. The recorder is stopped, and the catheter is removed. Removing the catheter takes 2-3 seconds and is not uncomfortable. We would expect you to be in the department no longer than 15 minutes before you are able to go home or return to work.

## **When will I know the results?**

We aim to send a full report with your results to your referring doctor within two weeks of the test. This is the person who will discuss the final results with you, at an outpatient appointment we will arrange for you.

## **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](mailto: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/](http://www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/)

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