Are there any alternatives?
Your doctor has recommended oesophageal manometry and 24hr pH study as it is the best way of diagnosing your acid reflux problems. As an alternative it may be possible to attach a sensor to the lining of your gullet using a flexible camera passed through your mouth (gastroscopy). You would need to discuss this alternative with your doctor as there is a small risk of bleeding or perforation; this may happen once in every 5000 procedures. Although oesophageal manometry and 24hr pH study 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 speak to your doctor or a member of the team before you are due to have this procedure.

What happens if I decide not to have oesophageal manometry and 24hr pH study?
Your doctor may not be able to confirm the cause of the problem. If you decide not to have oesophageal manometry and 24hr pH study you should discuss this carefully with your doctor.

Who can I contact if I have any questions?
Please do not hesitate to telephone the department on 01442 287041 (9am – 5pm Monday to Friday).

If after the investigation you experience severe tummy pain or chest pain please telephone:
• Accident and Emergency at Watford on 01923 217256 or your nearest Accident and Emergency.
• Please note: there is no Accident and Emergency at Hemel Hempstead or St Albans Hospitals.

Other sources of information: www.bsg.org.uk

If you need this leaflet in another language, large print, Braille or audio version, please call 01923 217187 or email pals@whht.nhs.uk
What are oesophageal manometry and 24-hour pH study?
Oesophageal manometry is a procedure to measure the strength and function of your oesophagus (gullet) and provides information about how the muscles in your throat and oesophagus work as food and liquids pass from the mouth to the stomach. A pH study measures the amount of acid coming back up into your throat from the stomach. The tests involve passing small plastic tubes through the nose, down into the stomach and oesophagus and are performed for the following reasons:

- To evaluate the cause of reflux (regurgitation) of stomach acid back up into the oesophagus (gastro-oesophageal reflux or GORD).
- To document the amount of acid reflux in such cases.
- To determine the cause of swallowing difficulties.
- To determine the cause of chest pain thought not to be related to the heart.

Preparation for the procedure
- 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.
  - Ranitidine/zantac – should be stopped two days before.
  - Antacids such as gaviscon/reddie need not be stopped and these can be used instead of the other medications for the week leading up to the test.
- You should continue taking the rest of your usual medication up to day of the procedure. There is no need to stop warfarin, aspirin or clopidogrel.
- This investigation must be done on an empty stomach. If you have a morning appointment you must not eat anything after midnight the night before but can have drinks up to 7am on the morning of the investigation. If you have an afternoon appointment you must not eat anything after 7am but can have drinks up to 11.30am. If you are taking diabetic medication you can contact your GP or nurse specialist for advice.
- On arrival at the endoscopy unit you will be booked in by a nurse, who will take details of your medical history and any medications you take. Please bring a list of your medications with you.

What will happen during the test?
- You will first receive a local anaesthetic spray into one your nostrils, which will taste unpleasant but will not be painful.
- A thin flexible plastic tube is passed through the nose, over the back of the throat and into the stomach. You will be asked to drink a small amount of water through a straw to help the tube go down. This part of the procedure is sometimes a little uncomfortable and can make patients cough or gag but will only last a minute or so.
- Once the tube is in position, you will be asked to lie down and the doctor or nurse will use a syringe to squirt a small amount of water into your mouth which you will then be asked to swallow. This will be repeated about ten times.
- The tube is then removed, which does not hurt and this part of the examination is complete. This should all take no longer than 20 minutes.
- A second, smaller plastic tube is passed down in an identical manner to the first. This tube comes out of your nose and the other end is attached to a recording device which is worn on a belt, not unlike a ‘walkman’. This tube stays in place for 24 hours and after about 30 minutes you will get used to the feeling at the back of your throat and will not notice the tube being there.

What happens after the test?
- Because your throat has been numbed, you need to wait 20 minutes before eating or drinking.
- You are able to drive straight away as you will not have received any sedation.
- You should have as normal a day as possible - eating, drinking, working and exercising normally. You should not get the recording device wet eg in the bath.
- You should return to the endoscopy department at the same time the next day when somebody will remove the tube for you and then test is then complete.

When will I get the results of the procedure?
The results will not be available straight away. The results will be analysed and a report sent to the Doctor who referred you within one week.

Are there any risks?
Oesophageal Manometry and 24hr pH study is a very safe procedure, side effects are 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.

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 speak to your doctor or a member of the team before you are due to have this procedure.