

Preparing for Esophageal Manometry

Part I. WHAT IS ESOPHAGEAL MANOMETRY?

- + **Esophageal manometry is a test used to assess pressure and motor function of the esophagus (food pipe).** In addition, it aids in the evaluation of how well the muscles in the esophagus work to transport liquids or food from your mouth into your stomach.
- + Esophageal manometry may be performed to evaluate the causes of gastric reflux, heartburn, difficulty swallowing and functional chest pain. In addition, this test may be used in pre-operative evaluation if you are being considered for anti-reflux surgery or to ensure proper placement of pH probes in other diagnostic tests.

Part II. HOW IT WORKS

- + The test will be performed by a doctor, nurse or technician and generally takes less than 30 minutes. Generally, you will be in a comfortable, semi-reclining or reclining position. Your nose and throat may be numbed with a spray or gel. This will minimize any discomfort associated with the placement of the small catheter through your nose and into your stomach.
- + During this time, you will be able to breathe, swallow and talk with ease.
- + During the test you will be asked to take deep breaths or swallow a number of times. The pressures resulting from these actions will be detected and recorded by tiny sensors located on the catheter.
- + The recording will then be transferred to a report for review and interpretation by your doctor.

Part III. PREPARATION FOR THE PROCEDURE

Food and Drink

- + Please refrain from eating and drinking after midnight before your test.

Medications

- + Prior to your test, you should consult with your physician regarding the prescribed medications you take.
- + Some medications can affect the muscles of your esophagus and alter the results of your test. These medications include pain medications, sedatives, tranquilizers, antispasmodics and promotility medications.
- + Some medications will not affect the procedure and may be continued as per your doctor's instructions. This includes medications for heart disease, high blood pressure and diabetes.

It is important that you consult with your physician regarding all the medications you are taking prior to your procedure.

- + Your physician should obtain your medical history prior to your test and can answer any other questions or concerns you may have at that time.

Important Reminder

- + This material provides general information only, and should not be used as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

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Part IV. AFTER THE TEST

- + You may resume your normal daily activities, diet and medications following your test. Since there is no sedation required, you may drive yourself home after the procedure. If you experience a sore throat, taking lozenges or gargling with salt water may alleviate your discomfort. Please schedule a follow-up visit with your physician to discuss the results of the test. Contact your physician with any unusual symptoms or side effects.

INSTRUCTIONS FROM DOCTOR OR NURSE:

NOTES:

FOR ADDITIONAL INFORMATION CALL:

Caution: Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner. Rx only.

Risk Information: The risks of catheter insertion into the nasal passage associated with the ManoScan™ ESO high resolution manometry system include: discomfort, nasal pain, minor bleeding, runny nose, throat discomfort, irregular heartbeat with dizziness and perforation. In rare instances, the catheter may be misdirected into the trachea causing coughing or choking or the catheter may shift up or down causing false results. Medical, endoscopic or surgical intervention may be necessary to address any of these complications, should they occur. These systems are not compatible for use in an MRI magnetic field. Please consult your physician for further information.

Reference: 1. Bansal A. Kahrilas PJ. Has high resolution manometry changed the approach to esophageal motility disorders? *Curr Opin Gastroenterol.* 2010;26:344-351 Page 345. Col 1 and Page 350. Col 2