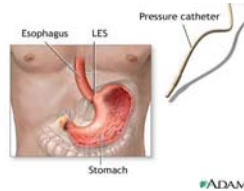


UNITED HOSPITAL CENTER

PATIENT EDUCATION

ESOPHAGEAL MANOMETRY



Your physician has referred you to the Diagnostic Services Department at United Hospital Center for Esophageal Manometry. In order to perform this examination, the patient must first report to the Diagnostic Services Outpatient Center located in the Clarksburg Comprehensive Care Building, Suite 107 on Davisson Run Road.

Esophageal manometry is performed to measure the actions in the esophagus to determine if esophageal motility problems occur. This exam is often done before and after medical or surgical treatment of the esophagus. The esophagus is the tube that carries food and liquid from the mouth to the stomach. The wall of the esophagus contains a muscle that automatically contracts when a person swallows. This contraction occurs as a sweeping wave (peristalsis) down the esophagus, pushing the food and liquid from the mouth to the stomach. Another important part of the esophagus is the lower esophageal sphincter. This is an area at the end of the esophagus that remains closed most of the time, opening when a swallow, burp or vomiting occurs. This sphincter protects the esophagus from stomach acid. Acid can often cause the discomfort of heartburn, chest pain and the sensation of food sticking. With some conditions food is not pushed downward properly. In other words, the muscles of the esophagus do not contract correctly. They may not squeeze in the proper order, or they may squeeze too weakly or strongly. In other conditions, the sphincter between the esophagus and the stomach does not open and close correctly. If the sphincter does not close tightly it can allow acid to reflux from the stomach up into the esophagus. Likewise, if it closes too tightly it may trap food in the esophagus and not allow it to pass into the stomach. The symptoms of these conditions include:

- **sensation of food sticking heart burn**
- **frequent sour taste in the mouth chest pain**

The preparation for manometry is very simple. **Do not take food or liquid for six (6) hours before the procedure.** We want to study the esophagus in its natural state. In other words, there should not be any medicine in the body that can affect the function of the esophagus. **Prior to the procedure the medicines listed below should be discontinued as indicated or as per physician preference.**

Discontinue 24 Hours:

Tagamet (cimetidine)	Urecholine (bethanechol)	Axid
Pepsid (famotidine)	Zantac (ranitidine)	Reglan (metachlopramide)

Discontinue 5 Days:

Prilosec (omeprazole)	Prevacid	Nexium
Aciphex	Protonix	

Discontinue 6 Hours:

All Antacids (Tums, Roloids, Maalox,etc.)

There are several drugs for the heart that can also affect the esophagus. These include:

Calcium channel blockers (Procardia, Adalat, Calan, Cardiazem, others)

Betablockers (Corgard, others)

Nitroglycerin, Nitro patches, pastes, isosorbide dinitrate

If you are taking medicines for your heart, **please ask your physician** if these medicines should be discontinued for the procedure.

In order to perform Esophageal Manometry:

A soft tube is gently passed through the nose and positioned in the esophagus.

You might experience slight gagging when the tube is inserted, but this subsides quickly.

The tube has special sensors that will send pressures to a computer where they will be recorded to be analyzed after the procedure.

You will be lying in a semi-reclined position throughout the test.

Small sips of water will be given as we measure your swallows.

The tube is slowly pulled out as we measure different areas of the esophagus.

LENGTH: Approximately 1 Hour

DISCLAIMER: The content contained in this patient education is presented solely with the intent of providing public service information on health and health-related issues. This information is neither intended nor implied to be a substitute for professional medical advice. Always consult your physician or other qualified health provider prior to utilizing any of the information presented in this patient education. UHC makes no warranty, representation or guaranty as to the content, accuracy, timeliness or completeness of the information presented in this patient education or that the information may be relied upon for any reason.

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