

# Oesophageal manometry

## Information for patients

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You have been referred for oesophageal function tests by your doctor. Please find enclosed your appointment letter. If you cannot attend please call us on **0131 242 1605**. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum. We will do our best to reschedule your appointment to suit you.

### What is oesophageal manometry?

Your oesophagus (or gullet) is the tube through which food passes from your mouth to your stomach. The test measures whether the muscles of your oesophagus work properly.

### Why is oesophageal manometry done?

These tests are very useful in investigating symptoms which are possibly coming from the oesophagus. Most people will have had an endoscopy (camera) test or a Barium x-ray examination first, to see if there are any areas of inflammation or narrowing present. The oesophagus normally produces a wave pattern after swallowing which pushes fluids and solids into the stomach. Sometimes this does not work properly, causing a variety of symptoms (e.g. pain or difficulty swallowing).

### What preparation is required?

For the best (and safest) examination the stomach must be completely empty. You should have nothing to eat or drink, including water, for approximately **4-6 hours** before the examination.

**Do not take:** Gaviscon, Peptac or any other coating antacid medications on the day of the test.

Please continue with your other regular medications unless informed otherwise. It is helpful if you bring a list of these medications on the day.

Please inform us of any allergies or significant medical conditions when you attend for your test. Diseases such as heart or lung conditions might require special attention during the procedure.

## Special Circumstances

### Diabetic patients:

If you are diet-controlled or on Metformin please continue as normal.

If you are taking long acting and short/rapid-acting insulin, please do not take your morning **short/rapid-acting dose** while you are fasting but **remain on your long-acting dose**.

If you are on mixed or intermediate insulin you may not need to adjust your dose. Please call **0131 242 1606** to clarify.

**Ensure that you monitor your blood sugar during the fasting period and consume a sugary drink if your blood glucose is low**

- Long acting insulin includes: Insulin Glargine, Levemir
- Short or rapid acting insulin includes: Actrapid, Velosulin, Humulin S, Insuman rapid, Novorapid, Humalog, Apidra
- Mixed or intermediate insulin includes: Humalog Mix 25, Humalog Mix 50, Novomix 30, Humulin M3, Insuman Comb, Insulatard, Humulin I, Insuman Basal

**If you are unsure about the information above please speak with your diabetic nurse or contact us on 0131 242 1606**

### Patients taking Warfarin:

In the week before your test please go to your GP and have your INR (International Normalised Ratio) checked and find out the result of this.

## How is the test done?

The person doing the test will discuss your symptoms with you and why oesophageal function tests are being performed. The tests involve firstly numbing the inside of your nostril with some local anaesthetic spray, then a small flexible tube will be passed through your nostril, over the back of the throat and into the oesophagus. This should not affect your breathing. The tube will remain in place for about 15-20 minutes whilst you are given sips of water. The tube is then easily removed. Most patients consider the test to be only slightly uncomfortable.

## What happens after the test?

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

## Are there any possible complications?

Oesophageal function tests are generally very safe. Complications can occur but are rare when a Gastroenterologist or Physiologist with specialised training and experience in this procedure performs the test.

Passing the tube into the oesophagus may make you feel a little sick initially, but this settles quite quickly. Sometimes we are unable to pass the tube through one nostril if it is too narrow;

we may have to use the other nostril. The nose can occasionally bleed a little due to slight trauma from the tube. You may feel your throat a 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 is removed. Other complications include vomiting, fainting or wheezing.

Most complications are very mild and dealt with at the time. However, if after going home you develop increasing throat, nose or chest pains you can contact us on **0131 242 1606** or in the case of an emergency attend your local Accident and Emergency (A&E).

## **Additional information**

The Gastroenterology (GI) Physiology Unit is a training department for medical/scientific trainees and therefore it is possible that your test will be observed or performed (under direct supervision) by such a trainee. You are not obliged to agree to this and you will be asked for your consent prior to your procedure. A senior member of staff will always be available to perform your test.

You are safe to drive after the test. If you need to arrange ambulance transport please call the Scottish Patient Transport Service on **0300 123 1236**.

If you have any further questions please contact:

GI Physiology/Endoscopy  
Medical Daycase Unit  
Royal Infirmary of Edinburgh  
Little France Crescent  
EH16 4SA

Tel: **0131 242 1606**