

Esophageal Function Test Request Form: Manometry and pH/Impedance

PATIENT DETAILS:

Last Name: _____
 First Name: _____
 PHN: _____
 DOB (YY/MM/DD): _____
 Address: _____

 E-mail: _____
 Cell Phone: _____
 Alternative Telephone: _____
 Gender: Male Female

REQUESTER DETAILS:

Name: _____
 Organization: _____
 Address: _____

 Telephone: _____
 Fax: _____
 Physician Signature: _____

INSTRUCTIONS:

1. Fax this completed referral with accompanying reports to 604-398-8443
2. Please note: incomplete referrals will be returned, and all requests are subject to triage by patient urgency
3. Please provide patient with attached test preparation instructions

TEST REQUESTED (check one):

- Esophageal manometry ONLY
 24h pH/Impedance OFF acid suppression + manometry
 24h pH/Impedance ON acid suppression + manometry (specify medication):

INDICATION FOR TEST (check one or more):

- | | |
|--|---|
| <input type="checkbox"/> Dysphagia
<input type="checkbox"/> Heartburn
<input type="checkbox"/> Regurgitation
<input type="checkbox"/> Belching
<input type="checkbox"/> Cough
<input type="checkbox"/> Atypical chest pain (cardiac testing should already have been conducted & report attached) | <input type="checkbox"/> Pre-operative evaluation reflux
<input type="checkbox"/> Post-operative evaluation reflux
<input type="checkbox"/> Pre-operative evaluation Lung transplant
<input type="checkbox"/> Post-operative evaluation Lung transplant
<input type="checkbox"/> Other (specify): |
|--|---|

MAJOR RELEVANT MEDICAL PROBLEMS & UPPER GI SURGERY:

PRIOR STUDIES (Attach reports of prior studies):

Barium Esophagram: Yes No
 Endoscopy: Yes No
 Prior motility testing results at outside facility: Yes No

PATIENT PREPARATION FOR ESOPHAGEAL MANOMETRY STUDY

1. **Do not eat or drink for at least 6 hours before the exam.** After the exam you may eat and drink normally.
2. **Do not take your morning medications;** however, bring them with you, as you will be able to take them after the exam. This is because certain medications may interfere with the test.
3. Bring a list of all your medications.
4. You will not be sedated for this procedure and will NOT require an escort.
5. The motility exam will usually take 30 minutes; please arrive 15 minutes prior to your appointment.
6. Remember to bring your BC Care Card and government identification with you.

ESOPHAGEAL MANOMETRY PATIENT INFORMATION

Introduction

Your doctor has requested an examination of the muscular function of your esophagus using a pressure sensing tube. Please read this form so that you understand the procedure and the risks and benefits associated with it.

Procedure

Your esophagus moves food from your throat down to your stomach with a wave-like motion called peristalsis. Manometry will indicate how well the esophagus can perform peristalsis. Manometry also allows examination of the valve connecting the esophagus with the stomach, called the lower esophageal sphincter, or LES.

Esophageal Manometry is performed using a catheter that senses pressure changes in the esophagus. A thin tube is passed through the nose into the stomach. The outer end of the tube is attached to an instrument that will record the pressure. Measurements are taken at various intervals. At the end of the test the catheter is removed. Please be aware that 24 hour pH/Impedance monitoring is often performed in conjunction with Esophageal manometry (see additional instruction sheet if this test is requested by your physician).

Benefits

Esophageal motility testing provides clear documentation of the muscular function of the esophagus. With this information, your doctor can provide a specific treatment program as well as reassurance if the exam is normal.

Risks

The side-effects of esophageal manometry are minor and may include mild sore throat, temporary irritation of the nasal passages, nose bleeds, sore throat and vomiting. Occasionally, during insertion, the tube may enter the larynx (voice box) and cause coughing. When this happens, the problem is recognized immediately, and the tube is rapidly removed.

Alternatives to Manometry

There are no other tests that provide precise information about esophageal motility. There are, however, other techniques that can provide general information about esophageal function. These are: upper GI x-ray series using swallowed liquid barium; video endoscopy to visualize the inside lining of the esophagus; and a 24-hour probe left in the end of the esophagus to measure acidity as it refluxes from the stomach.

PATIENT PREPARATION FOR 24h pH/IMPEDANCE TESTING

1. **Do not eat or drink for at least 6 hours before the exam.** After the exam you may eat and drink normally.
2. **Stop 7 days before the study:** Prilosec/Losec (omeprazole), Nexium (esomeprazole), Pariet/Aciphex (rabeprazole), Prevacid (lansoprazole), Pantoloc (pantoprazole), Tecta (pantoprazole magnesium), Zegerid (immediate release omeprazole), Dexilant (dexlansoprazole). **Stop 2 days before the study:** Zantac (Ranitidine), Tagamet (Cimetidine), Axid (Nizatidine), Pepcid (Famotidine). **Stop 24 hours before study:** Maalox, Mylanta, Tums, Gaviscon. (Please continue using these medications if your physician has asked you to complete testing ON anti-reflux medication, if unsure please verify with referring physician)
3. **Do not take your morning medications;** however, bring them with you, as you will be able to take them after the exam. This is because certain medications may interfere with the test.
4. Bring a list of all your medications.
5. You will not be sedated for this procedure and will NOT require an escort.
6. The pH catheter placement and teaching will usually take 30 minutes.
7. **You will leave with a catheter in place and return the next day for removal.**
8. Remember to bring your BC Care Card and government identification with you.

24 HOUR ESOPHAGHAGEAL pH/IMPEDANCE MONITORING

Introduction

Esophageal pH monitoring measures the amount of acid refluxing or backing up from the stomach into the esophagus (food pipe). Esophageal pH monitoring is used in several situations to assess for gastroesophageal reflux disease (GERD). The first is to evaluate typical symptoms of GERD such as heartburn and regurgitation that do not respond to treatment with medications. In this situation, there may be a question whether the patient has gastroesophageal reflux disease or whether antacid medications are adequate to suppress acid production.

The second is when there are atypical symptoms of GERD such as chest pain, coughing, wheezing, hoarseness, sore throat. In this situation, it is not clear if the symptoms are due to gastroesophageal reflux. Occasionally, this test can be used to monitor the effectiveness of medications used to treat GERD. The test is often used as part of a pre-operative evaluation before anti-reflux surgery.

Procedure

A thin catheter is placed through your nose into your food pipe and **is removed at a return visit in 24 hours.** In order to determine the correct placement of the pH/impedance catheter, it is necessary to perform a short test called esophageal manometry (see additional instruction sheet). This thin catheter comes out the nose and is connected to a small battery-powered recorder.

You leave with the catheter and recorder in place. Please go about your usual activities: eating, sleeping, and working. You record meals, sleep, and symptoms in a diary and by pushing buttons on the recorder. **You return the next day for removal of the catheter at the same time as your original appointment.**

Benefits

Esophageal pH/impedance testing provides documentation of acid and non-acid reflux. With this information, your doctor can provide a treatment program as well as reassurance if the exam is normal.

Risks

The side-effects of pH/impedance testing are minor and may include mild sore throat, temporary irritation of the nasal passages, nose bleeds, sore throat and vomiting. Occasionally, during insertion, the tube may enter the larynx (voice box) and cause coughing. When this happens, the problem is recognized immediately, and the tube is removed.