

OESOPHAGEAL MANOMETRY

Instructions for patients

Oesophageal manometry is a specialised diagnostic method that is used to determine disorders in the movement and function of the oesophagus. Due to its nature, it cannot be fully replaced by other radiological or endoscopic methods. The main indications for this examination are difficulties swallowing such as the feeling a piece of food is stuck in the oesophagus, pain when swallowing or gastric reflux, etc. It is performed in cases of non-cardiac chest pain, and is also necessary prior to planned anti-reflux surgery. We perform high resolution manometry at the centre, which, in addition to a clear view of oesophageal contractility, can also give a detailed picture of the area around the lower oesophageal sphincter and diaphragm, which form the main part of the anti-reflux barrier. Other methods, including conventional manometry, cannot do this.

The examination is performed on an empty stomach (minimum 6 hours). You can drink for up to 2 hours before the exam, but only a small amount of fluid (non-carbonated). In case of suspected achalasia (impaired ability of the lower oesophageal sphincter to relax), a longer fast is necessary (we usually recommend a liquid diet the day before – please discuss the details with the referring physician). You must discontinue any medication that could affect oesophageal motility for 24 hours before the exam. These are mainly drugs used for the treatment of oesophageal reflux (prokinetics), as well as drugs in the antihypertensives group (calcium channel blockers, nitrates), antispasmodics, antidepressants. If in doubt, please consult the referring physician.

In a sitting position, a thin catheter is inserted into the oesophagus after local anaesthesia of the nasal mucosa, which is then fixed to the nose during the exam. The entire length of the catheter is equipped with a number of sensors that detect pressure changes in the oesophagus. During the examination, we can evaluate both the movement of the oesophagus and the function of both oesophageal sphincters (upper and lower) simultaneously. During the examination, you will be placed in a slightly semi-reclined position. First, we will evaluate the resting state of the oesophageal sphincters; you will then be asked to swallow a small amount of liquid administered with a syringe. You will usually be required to swallow at least 10 times to properly assess oesophageal activity. At the end of the examination, we also ask you to drink through a straw to evaluate the so-called contractile reserve. The whole examination usually takes about 15 minutes. After completing measurement, we will remove the catheter and you can resume your everyday activities with no restrictions.

Major disorders of oesophageal motility and the function of the oesophageal sphincters are evident during the examination, but a more detailed description will be made after measurement. The examination does not present any significant risks provided all contraindications are respected (see Consent to the Examination). You will feel some pressure or discomfort in the nasal cavity and throat during the insertion of the catheter and during the examination, but this will usually quickly pass after the examination.