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.

Food & Drink
Please refrain from eating and drinking after midnight before your test. Along with eating and drinking please refrain from cigarette/cigar smoking or vaping the morning of the test.

Medications
Certain medications will interfere with the test. On the following page are some common medicines in these classes. If you take one of these medications please contact your physician.

Day of the Test
Please come to the patient pavilion at the hospital, there is a map on the following page.

• You are not sedated. However, a topical anesthetic (pain-relieving medication) will be applied to your nose to make the passage of the tube more comfortable.
• A high-resolution manometry catheter (a small, flexible tube about 4 mm in diameter) is passed through your nose, down your esophagus and into your stomach. The tube does not interfere with your breathing.
• You may feel some brief discomfort, but most patients quickly adjust to the tube’s presence. Vomiting and coughing are possible when the tube is being placed, but are rare.
• After the tube is inserted, you will be laying back on the bed. The end of the tube exiting your nose is connected to a machine that records the pressure that is placed on the tube. Sensors at various locations on the tubing sense the strength of the lower esophageal sphincter and muscles of the esophagus. The test typically takes about 45 minutes with 15-20 minutes of actual procedure time.

After the test: You are able to leave the hospital after the test. There is no anesthesia so there are no restrictions from the test on driving, eating, drinking, and medications. Any restrictions previous to the procedure will remain in effect.

Risk Information: The risks may 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.
Follow the signs for the emergency room. The Patient Pavilion is located to the right as you face the emergency room.
**Do not take these on the day of the test, unless you have spoken to your physician!**

### Benzodiazepines
- Chlordiazepoxide *(Librium)*
- Alprazolam *(Xanax, Xanax XR)*
- Diazepam *(Valium)*
- Clonazepam *(Klonopin)*
- Lorazepam *(Ativan)*

### Nitrates
- Nitroglycerin *(Nitrostat)*
- Nitroglycerin spray *(Nitrolingual spray, NitroMist)*
- Isosorbide mononitrate *(Imdur, Ismo)*
- Nitroglycerin ointment *(Nitro-Bid)*
- Nitroglycerin patch *(Minitran, Nitro-Dur, others)*
- Isosorbide dinitrate *(Dilatrate-SR, Isordil)*

### Calcium Channel Blockers
- Amlodipine *(Norvasc)*
- Diltiazem *(Cardizem, Tiazac)*
- Felodipine
- Isradipine
- Nicardipine *(Cardene SR, Procardia)*
- Verapamil *(Calan, Verelan, Covera-HS)*

### Others
- Dicyclomine *(bentyl)*
- Oxybutynin *( Ditropan XL, Ditropan)*
- Hyoscyamine *(Levsin)*
- Avanafil *(Stendra)*
- Sildenafil *(Viagra)*
- Tadalafil *(Cialis)*
- Vardenafil *(Levitra, Staxyn)*

### Opiates
- Codeine *(only available in generic form)*
- Fentanyl *(Actiq, Duragesic, Fentora, Abstral, Onsolis)*
- Hydrocodone *(Hysingla, Zohydro ER)* Hydrocodone/acetaminophen *(Lorcet, Lortab, Norco, Vicodin)*
- Hydromorphone *(Dilaudid, Exalgo)*
- Meperidine *(Demerol)*
- Methadone *(Dolophine, Methadose)*
- Morphine *(Kadian, MS Contin, Morphabond)*
- Oxycodone *(OxyContin, Oxaydo)* Oxycodone and acetaminophen *(Percocet, Roxicet)*
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