

ESOPHAGEAL PH MONITORING PATIENT INFORMATION

Esophageal pH monitoring is a test used to evaluate gastroesophageal reflux disease and to determine the effectiveness of medications that prevent acid reflux. This test 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 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, or 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.

PREPARATION FOR THE PROCEDURE

- This test can be performed on or off acid suppressive therapy. Please check with your physician as to whether you should stop any medications prior to the study. If you are told to stop acid suppressive medications before the study, then the following medications should be stopped as follows:
- **Stop 7 days** before the study: Prilosec (omeprazole), Nexium (esomeprazole), Aciphex (rabeprazole), Prevacid (lansoprazole), Protonix (pantoprazole), Zegerid (immediate release omeprazole), Dexilant (dexlansoprazole).
- **Stop 2 days** before the study: Zantac 360 (Famotidine), Tagamet (Cimetidine), Axid (Nizatidine), Pepcid (Famotidine).
- **Stop 24 hours** before the study: Maalox, Mylanta, Gaviscon and Tums.
- If you were asked to obtain the study on your current regimen of acid suppression medications, then continue to take those even on the day of the test along with regular medications such as high blood pressure and heart medications. Medications that are not essential should not be taken on the day of the test until after the test is completed.
- **Do not eat or drink anything for 4 hours before the study if undergoing pH/impedance.**

PROCEDURE

There are two types of pH monitoring. The one your physician has chosen for you is combined pH/impedance monitoring test, which allows detection of non-acid reflux. It requires a catheter being placed and a return visit in 24 hours. For this type of monitoring, you should try to perform your regular activities during the day, including the ones that may bring on your symptoms. Regular meals should be eaten during the test. Follow your doctor's instructions regarding medication use or avoidance during the test.

COMBINED PH/IMPEDANCE MONITORING

One nostril is anesthetized with a numbing lubricant. A thin wire-sized plastic catheter is passed through the anesthetized nostril, down the back of the throat, and into the esophagus as the patient swallows. The tip of the catheter contains a sensor that senses acid. The sensor is positioned in the esophagus so that it is just above the lower esophageal sphincter, a specialized area of esophageal muscle that lies at the junction of the esophagus and stomach and prevents acid from refluxing back up into the esophagus. In addition, the catheter has other sensors (impedance rings) that measure flow across the esophagus - allowing the detection of non-acid reflux and determination of how far up the reflux goes (which may be important for atypical symptoms such as cough). Placing the probe takes approximately 10 minutes and no sedation is necessary. The other end of the small catheter comes out the nose and is connected to a small battery-powered recorder that is worn on a strap over the shoulder. The patient is sent home with the catheter and recorder in place.

During the 24 hours that the catheter is in place, the patient goes about his/her usual activities, for example, eating, sleeping, and working. Meals, periods of sleep, and symptoms are recorded by the patient in a diary and by pushing buttons on the recorder. The diary helps the doctor to interpret the results. The patient returns the next day for removal of the catheter. After the catheter is removed, the recorder is attached to a computer so that the data recorded can be downloaded into the computer where it is then analyzed. There are very few side effects of esophageal pH monitoring. There may be mild discomfort in the back of the throat while the catheter is in place. Most patients have no difficulty eating, sleeping, or going about their daily activities. Some patients, however, prefer not to go to work because they feel self-conscious about the catheter protruding from their

nose. Should you experience discomfort that is not tolerable while the catheter is in place, or you feel the recorder is not functioning properly, contact our office.

**CALL MON-FRI 7 AM – 5 PM
OR CALL OUR AFTER HOURS NUMBER**

St. Luke's Meridian Outpatient Surgery (208) 706-8101
St. Luke's Meridian Endoscopy (208) 706-1225
After Hours (208) 343-6458

Appointment Time: _____ on _____

Return Time: _____ on _____

Appointment Location: St. Luke's Meridian Outpatient Surgery – 500 S. Eagle Road, Meridian, ID 83642
Please return to this same location the next day for removal of the catheter.

We cannot be responsible for your valuables (*watches or various jewelry items*). Please leave them at home.

Bring all insurance cards and a photo ID with you. Please check with your insurance company regarding prior-authorization. Fee for services are required at time of check-in. Please be prepared to make a payment.