

What to Know Before Your Esophageal Manometry

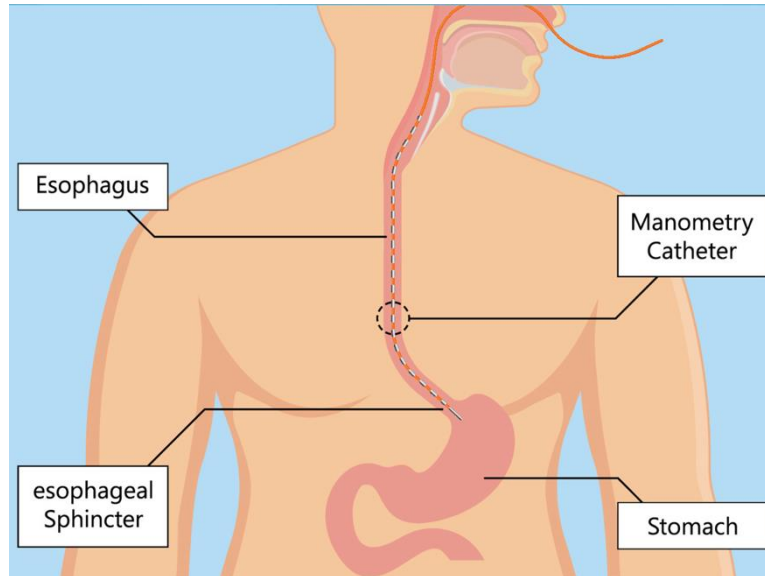
Will Breaux, MD

What is an esophageal manometry?

- A diagnostic test that evaluates how well your esophagus (the muscular tube that connects your mouth to your stomach) is working
- This test measures how the muscles in your esophagus move food and liquids down when you swallow

Why is this test done?

- To diagnose conditions that can cause pain, heartburn, or difficulty swallowing
- Your doctor may recommend an esophageal manometry if you experience:
 - Difficulty swallowing (dysphagia)
 - Unexplained non-cardiac chest pain
 - Frequent heartburn or acid reflux
 - Regurgitation of food or liquids
 - Feeling of food getting stuck in the throat



What happens during an esophageal manometry?

- After receiving nasal and throat numbing medication to help minimize mild discomfort, a thin tube (catheter) with sensors is passed through your nose, down through your esophagus until it reaches your stomach



- The tube has pressure sensors that measure how well your esophageal muscles work



- You will be asked to swallow small sips of water while the sensors on the catheter measure the muscle contractions



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How to prepare

- Do not eat or drink for at least 6 hours before the test
- Medications may be taken with small sips of water prior to procedure, however your doctor may ask you to stop certain medications, such as acid reducers or muscle relaxants, before the test as these may affect results
- Although the procedure does not require sedation, some patients may feel more comfortable having someone drive them home

Common conditions detected with esophageal manometry

Esophageal Condition	Definition	Treatment options
<ul style="list-style-type: none"> • Achalasia 	<ul style="list-style-type: none"> • Condition where the esophagus does not move food properly into the stomach due to a valve at the bottom of the esophagus not relaxing as it should 	<ul style="list-style-type: none"> • Endoscopic procedures (pneumatic dilation, Botox injections) • Surgery (Heller myotomy)
<ul style="list-style-type: none"> • Esophagogastric Junction Outflow Obstruction (EGJOO) 	<ul style="list-style-type: none"> • Increased pressure at the esophagogastric junction (where the esophagus meets the stomach) causing difficulty in food passing into the stomach 	<ul style="list-style-type: none"> • Endoscopic procedures (pneumatic dilation, Botox injections) • Treat the underlying cause
<ul style="list-style-type: none"> • Esophageal spasms • Hypercontractile esophagus (Nutcracker esophagus) 	<ul style="list-style-type: none"> • Uncoordinated contractions of the esophagus • Very strong, repetitive contractions of the esophagus 	<ul style="list-style-type: none"> • Medications • Dietary changes • Botox injections
<ul style="list-style-type: none"> • Ineffective esophageal motility 	<ul style="list-style-type: none"> • Weak muscle contractions in the esophagus 	<ul style="list-style-type: none"> • Lifestyle modifications

After-procedure guidance

- Mild throat discomfort or nasal irritation are common after the procedure but should be temporary
- Call your doctor if you experience severe throat or chest pain, worsening difficulty swallowing, persistent bleeding from nose or throat, or fever after the procedure

References:

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 Johns Hopkins Medicine. (n.d.). <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/esophageal-manometry>
 Gyawali CP, Kahrilas PJ (2021 November 5) A Short History of High-Resolution Esophageal Manometry. Dysphagia. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9380033/>

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