

Rochester Gastroenterology Associates, LLP

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INSTRUCTIONS FOR ESOPHAGEAL MANOMETRY

Name _____ Procedure _____

YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. _____

PLEASE REPORT TO: **Kamal & Tarun Kothari Center for Endoscopy & Digestive Diseases**
ESOPHAGEAL DIAGNOSTICS CENTER

Unity Hospital
1555 Long Pond Road
Rochester, N.Y. 14626
Tel: (585) 723-7119

REPORT AND REGISTRATION TIME:

DATE/DAY:

PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT

This test measures pressure in the esophagus and shows how the muscles move food through the esophagus into the stomach. The test will take approximately one hour. A small flexible tube is passed through the nostril into the esophagus. The tube will be moved in a few places, to measure the pressure at different points. You will be asked to hold your breath for a few seconds and to swallow some water, to evaluate the muscles in the esophagus.

Preparation:

1. Do not take any antacids the night before your test (**12** hours). No **Maalox, Mylanta, Tums, Roloids, Zantac, Pepcid,** or **Tagament**.
2. Do not take **Reglan** (Metoclopramide), **Cardizem, Norvasc, Procardia,** or any other **calcium channel blockers** the night before your test (**12** hours).
3. Nothing to eat or drink 4 hours prior to procedure.
4. Do not smoke for at least one (**1**) hour prior to test.
5. You will arrive 30 minutes before your examination is scheduled to register. Please bring your insurance card and photo identification. You may drive yourself as there is no sedation required for this exam.
6. If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours in advance** by calling **(585)227-1080** or **(585)267-4040** between **8:30am and 4:30pm**. If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

Thank you for the opportunity to accommodate your healthcare needs.