

Your child's high-resolution oesophageal manometry test

Information for children, families and carers

We have given you this factsheet because your child's doctor has recommended that your child has a high-resolution oesophageal manometry test. It explains what this test is and what it involves, so you know what to expect. We hope this factsheet will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet or speak to a member of our team when you come in for your child's test.

We also have a separate easy read factsheet that may help your child to understand the test. This can be found on our website: www.uhs.nhs.uk/for-patients/patient-information-leaflets

What is the oesophagus?

The oesophagus (food pipe) connects the mouth to the stomach. The wall of the oesophagus contains nerves and muscles that help push food along the digestive tract in a series of wave-like muscle contractions. This is called 'peristalsis' and is what helps us to swallow.

If nerves and muscles in the oesophagus are not working properly, this can lead to difficulties with swallowing and other symptoms such as heartburn, regurgitation (bringing swallowed food up again to the mouth) and chest pain.

What is a high-resolution oesophageal manometry test?

A high-resolution oesophageal manometry is a test that allows us to see how well the muscles and nerves in the oesophagus are working.

Why does my child need this test?

Your child's doctor will have explained to you the reasons why your child should have this test.

What are the benefits of this test?

The results from the test will provide your child's doctor with more information about your child's condition which will help them to decide what the best treatment is for your child (for example, practical advice, medication, or surgery).

Are there any risks or potential complications?

A high-resolution oesophageal manometry is a safe test, but as with all medical procedures, there are some risks and potential complications. These include:

- a temporary nosebleed caused by the catheter irritating the tissue inside your child's nose
- the catheter not being placed in the correct position during the test (if this happens, we may need to perform the test again)
- perforation (a tear) of your child's oesophagus (this is very rare)

We will explain all the risks to you in more detail when you come in for your child's test.

Are there any alternatives?

This test is the best way to find out what the muscles and nerves in your child's oesophagus are doing when your child swallows.

How should I prepare for my child's test?

Eating and drinking

Your child must not eat or drink for four hours before their test.

Allergies and medical conditions

Please contact us before your child's test to let us know of any allergies or medical conditions they have.

Items to bring with you

Please bring the following items with you on the day of your child's test:

- a list of all the medications your child is currently taking
- a portion of a food that usually gets stuck in your child's oesophagus when they eat (if applicable)
- something to occupy your child during certain parts of the test (for example, a mobile phone or a tablet)

What will happen before the test?

When you come into hospital for your child's test, we will first ask you some questions about the symptoms your child has been experiencing. We will then explain the test to you and answer any questions you may have. If both you and your child are happy to go ahead with the test, we will ask you to sign a consent form that gives us permission to perform the test.

Your child will usually be able to stay in their own clothes for this test.

What will happen during the test?

This test can only be performed when your child is fully awake, so we will **not** give them any anaesthesia (medicines used during tests and surgical operations to numb sensation in certain areas of the body or induce sleep) for this test.

We will perform the test in a treatment room in our gastrointestinal (GI) physiology department. For the test, we may ask your child to sit or lie down on a couch. You will be able to stay with your child for the whole test.

We will begin the test by passing a thin catheter (flexible tube) through one of your child's nostrils into their oesophagus. We will then ask your child to drink some water as we pass the catheter into their stomach to help it go down more easily. Your child may find this uncomfortable, but it should not be painful. The sensation may also make your child sneeze, cough or gag. This is normal.

When the catheter is in the correct position, we will gently tape it to your child's cheek to prevent it from moving. Your child will be able to eat, talk and breathe normally with the catheter in place.

We will then give your child some fruit squash or water to drink and some food to eat. The catheter has special pressure sensors on it that will record how well the nerves and muscles in your child's oesophagus are working as your child drinks and eats, and will send this information to a computer.

Once the test is finished, we will remove the catheter.

How long will the test take?

The test itself usually takes about 20 minutes, but please allow one hour for your child's appointment.

What will happen after the test?

Your child will be able to go home straight after the test and resume their usual activities. They will be able to eat and drink as normal after the test.

When will I receive my child's results?

We will analyse the data from your child's test and then send a report with our findings to your child's doctor. Your child's doctor will discuss your child's results with you at their next outpatient appointment.

Contact us

If you have any questions or concerns, please contact us.

Gastrointestinal (GI) physiology department
Telephone: **023 8120 4132** (Monday to Friday, 8am to 4pm)

Useful links

www.uhs.nhs.uk/departments/gastroenterology/gastrointestinal-physiology-and-motility/investigations

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email patientsupporthub@uhs.nhs.uk

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport