

24-Hour Esophageal Impedance/pH Monitoring Prep Instructions

Patient Name:

Gastroenterologist:

Date/Time of Procedure: _____ **Arrive:** _____

Report to Main Building, 2nd Floor, Room M2210

Hospital Address: 3800 Reservoir Rd. N.W., Washington, D.C. 20007

Instructions:

Attached are detailed instructions as well as a checklist to help you prepare for your procedure. Please read the instructions in their entirety and use the checklist as a guide to help ensure a complete prep for your procedure.

Procedure Checklist

Before you start:

- If you have questions concerning your current medications, call 202-444-8541 and select option 4 to speak to a nurse.
- You may need to make arrangements for a responsible adult or medical transport to drive you home after your procedure. Please see FAQs or call 202-444-8541 and select option 4 to speak to a nurse.
- You should expect to spend up to 4 hours in our department on the day of your procedure.
- Continue taking all your medications including your proton pump inhibitor (such as nexium, protonix, prilosec, etc). There are a few instances when your doctor will ask to you to stop taking your proton pump inhibitor, H2 blocker or other antacid before this test.

Day of your procedure:

- Do not eat or drink anything after midnight.
 - o This includes candy, lozenges, or gum.
- Medications to take the day of the procedure:**
 - o Blood pressure and heart medications with a small sip of water
 - o Your other medications can be held until after your procedure.
- Arrive 1 hour before the scheduled time.
- If your insurance company requires a referral, you must bring it with you or fax it to 202-444-4211 prior to your scheduled procedure date.
- Bring your current insurance card(s), deposit, and a current picture I.D. with you.
- Bring a list of ALL of your medications and allergies, a copy of your most recent medical evaluation, and a copy of your EKG if you had one recently.
- Wear a shirt or blouse which opens in the front so that it is easier to dress after the probe is placed and leave your valuables at home.

****Please note:** Because we allow you to leave the hospital campus with the equipment, we do require a **deposit in the amount of \$500.00**. The deposit or a copy of your credit/debit card will be requested when you check in for your procedure in the endoscopy waiting area room M2210. Although we accept all credit cards, the only deposit card that we accept is visa. If you choose to leave a check, please make it out to "MedStar Georgetown University Hospital." **Please note that you will not be charged for anything unless you do not bring back the equipment.** Once you return your equipment, we will give you back your deposit, as well as a receipt.**

****If you have any questions or need to reschedule your procedure, please call 202-444-8541 and select option 1 to reschedule or option 4 to speak to a nurse Monday- Friday from 8:30am to 5:00pm. If you have any urgent question between 5:00pm-7:30am please call 202-444-7243 and ask to speak to the GI fellow (a physician) on call.***

Patient Information on Esophageal Impedance/pH Monitoring

Impedance/pH testing is a new technique that measures how often and how long stomach contents such as acid and non-acid liquid refluxes into the esophagus. Impedance technology involves the presence of tiny metal sensors along a catheter which measure changes in resistance in the esophagus when bolus (stomach contents) enters the esophagus and disrupts the sensors' electrical current. No sedation is necessary. A catheter is advanced through the patient's nose into the esophagus, and the patient wears the catheter for 24 hours. The patient also carries a small recorder device which is attached to the catheter and collects the impedance data.

Esophageal impedance/pH monitoring is used in several situations to assess for 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. The second is when there are atypical symptoms of GERD such as chest pain, coughing, wheezing, hoarseness, and/or sore throat. In both situations, impedance technology evaluates if the symptoms are a result of gastroesophageal reflux, and if so whether the liquid is either acid or nonacid. Impedance/pH testing can also 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, such as a Nissen fundoplication.

Esophageal Impedance/pH Catheter Placement

In order to determine the correct placement of the esophageal impedance/pH probe, it may be necessary to perform a short test called esophageal manometry (see additional instructions).

After the manometry test, the nose is numbed for a short time. A thin wire-sized plastic catheter is passed into one nostril, down the back of the throat, and into the esophagus as the patient swallows. The catheter has sensors that detect bolus movement (when material is refluxed from the stomach). The probe also has pH sensors to measure pH in the stomach and to measure pH in the upper esophagus. Placing the probe takes approximately 5 minutes. No sedation is necessary. The other end of the small catheter comes out the nose and is connected to a small battery-powered recording device that is worn on a strap over the shoulder. The patient is sent home with the catheter and the 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 by pushing buttons on the recorder. If there are more than 3 major symptoms that the patient is recording then a written diary can be used. The patient returns the next morning for removal of the catheter. As 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. Results are sent to the patient and/or their referring doctor within one to two weeks.

There are very few side effects of esophageal impedance/pH monitoring. There may be mild discomfort in the back of the throat while the catheter is in place. The vast majority of patients have no difficulty eating, sleeping, or going about their daily activities. We ask that you perform all your regular activities, except for swimming.

Frequently Asked Questions

How do I get to your office?

Please visit: www.MedStarGeorgetown.org/GIDirections for detailed directions.

My procedure is in the afternoon. May I eat or drink in the morning?

No. To ensure your safety during the procedure, it is important that the stomach is empty. Any food or liquid in the stomach at the time of the procedure places you at risk of aspirating those contents into the lung leading to a serious complication called aspiration pneumonia.

I ate breakfast (lunch or dinner) the day before my colonoscopy. Is that okay?

If the preparation instructions were not followed properly, residual stool may remain in the colon and hide important findings from the examining physician. In some cases, if the colon preparation is not good, you may have to repeat the preparation and the exam. If you accidentally eat any solid food the day before your exam, please call 202-444-8541 and select option 4 to speak with a member of the nursing staff. You may be asked to reschedule your procedure.

I don't have a ride. Is that okay?

It depends on how the catheter is being placed. You do NOT need a ride if you are having the catheter manually placed. This procedure is performed using a topical anesthetic – a medication which numbs the inside of your nose and possibly your throat. You will be able to drive yourself home after this procedure.

If you are having an upper endoscopy (also called an EGD) to place the catheter, you will be given anesthesia which will put you to sleep. In this case, you MUST have a responsible adult to accompany you home otherwise your PROCEDURE WILL BE CANCELLED! This is a patient safety and legal liability issue and is not open for negotiation. You will be sent instructions for both the pH monitoring AND the EGD if this is how you are scheduled.

How many days prior to my procedure should I discontinue my Coumadin, Plavix or other blood thinning medications)?

The decision to stop or continue blood thinners needs to be discussed between your endoscopist and the physician that prescribes the blood thinner prior to your procedure. The prescribing physician decides if it is safe to hold the medication. You need to call us and your prescribing physician urgently if you have not discussed holding or continuing your blood thinner prior to your procedure. This does not include aspirin.

What medications am I able to take the day before and the day of my procedure?

The day prior to your procedure take your medications the way you normally would. However, for those patients taking any type of bowel cleansing preparation, be advised that you may undergo a prolonged period of diarrhea that may flush oral medications out of your system before they have time to take effect. *The morning of your procedure you should take any blood pressure or heart medications you may be on with a small sip of water.* You can hold most other medications and take them once your procedure has been completed. If you have questions about a specific medication(s), please call a member of our clinical staff at 202-444-8541 and select option 4.

I am diabetic. Do I take my insulin?

You must direct that question to the physician who placed you on this medication. Please check your blood sugar the morning of your procedure as you normally would. If you have any questions about your diabetes management in conjunction with your fast for your endoscopic procedure, please consult with your primary physician.

I am on pain medication. Can I take it prior to my procedure?

Many prescription pain medications can adversely affect the medications we use for sedation and for that reason we recommend that the day of your procedure you delay taking your pain medication until after your procedure has been completed. If you have any questions, please call a member of our clinical staff at 202-444-8541 and select option 4.

I am having my menstrual period. Should I reschedule my colonoscopy appointment?

No. Your menstrual period will not interfere with your physician's ability to complete your procedure.

May I continue taking my Iron tablets?

No. Iron can cause the formation of dark-colored stools which can make it difficult for the physician to complete your colonoscopy if your preparation is less than optimal. We recommend you stop taking your oral iron supplements at least one week prior to your procedure.

I have been on Aspirin therapy for my heart. Should I continue to take it?

Aspirin may affect blood coagulation. However, we do not generally recommend stopping Aspirin prior to our endoscopic procedures.

Can the physician change, add, or delete my diagnosis so that I can be considered eligible for a preventative/screening colonoscopy?

No. Your encounter is documented as a medical record based on the health information you have provided and any information/findings obtained during your procedure. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

What if my insurance tells me the physician can change, add, or delete a CPT or diagnosis code?

Your insurance may tell you that if your colonoscopy was coded as a screening, it would have been covered. However, the "screening" diagnosis can only be amended if it applies to you. Most insurance carriers only consider a patient over the age of 50 with no personal or family history and no past or present GI symptoms as "screening". If you receive this information from your insurance, please document the date, name, and phone # of the representative and contact our billing department. We will perform an audit of the billing and investigate the information you were given to ensure proper billing.