

24-Hour Esophageal 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.
- Stop medications used for treating reflux and for treating stomach acid problems** unless you are told to continue these medications by your physician.
 - **Some medications should be stopped for 1 week prior to the test. These include:** Prilosec (omeprazole), Nexium (esomeprazole), Aciphex (rabeprazole), Prevacid (lansoprazole), Protonix (pantoprazole), Zegarid (immediate release omeprazole).
 - **Some medications need to be stopped for 2 days before the test. These include:** Zantac (Ranitidine), Tagamet (Cimetidine), Axid (Nizatidine), Pepcid (Famotidine).
 - Note that your physician may want you to continue these medications up to and during the test to determine how effective they are in suppressing acid production. If so, please take these medications at your regular time of the day prior to the test and the morning of the test (with a little bit of water)

Day of your procedure:

- Do not eat or drink anything after midnight. This includes candy, lozenges, or gum.
- Medications to take the day of the procedure:**
 - Blood pressure and heart medications with a small sip of water
 - 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.

****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.*

****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.**

Procedure Information

There are two types of pH monitoring. One might be better for you and will be decided by your doctor. Each type uses pH sensors that register the reflux of acid from the stomach into the esophagus. For each 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.

Patient Information on Esophageal pH Monitoring

Esophageal pH monitoring is a test used to evaluate for 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 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. In this situation, there may be a question whether the patient has gastroesophageal reflux disease or whether anti-acid medications are adequate to suppress acid production. The second is when there are atypical symptoms of GERD such as chest pain, coughing, wheezing, hoarseness, 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.

Catheter-Based Esophageal pH Monitoring

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

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 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 the stomach and prevents acid from refluxing back up into the esophagus. Sometimes the probe has other pH sensors to measure pH in the stomach and to measure pH in the upper esophagus. These extra sensors do not change the small size of the catheter. Placing the probe takes approximately 10 minutes. 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 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 in a diary and by pushing buttons on the recorder. The diary helps the doctor to interpret the results. 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.

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. The vast majority of patients have no difficulty eating, sleeping, or going about their daily activities. Most patients, however, prefer not to go to work because they feel self-conscious about the catheter protruding from their nose.

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.