

Esophageal Manometry & 24hr. PH Monitoring

1. DAY BEFORE YOUR PROCEDURE

- STOP all medications that are Sedative, Tranquilizers, Antispasmodics, and/or Pro-motility. *(If you are not sure if your medications fall under any of these categories, please contact your pharmacy for further assistance.)*

2. PLEASE HAVE NOTHING TO EAT OR DRINK AFTER MIDNIGHT

*****(INCLUDING WATER)*****

3. MEDICATIONS

- You may take the **NECESSARY** medication (*high blood pressure, heart medications, etc.*) **3 HOURS** before the study with **ONLY** a small sip of water.

You may resume your normal daily activities, diet, and medications once the exam is done. No sedation is involved with this study

Your exam is scheduled on _____ at _____ am / pm

At _____. Arrival time at _____ am / pm

-Please contact your insurance company to verify co-payment information for this procedure.

-If you have additional questions regarding your procedure or you are unable to keep this appointment, please call the office at **702-633-0207**