

HEARTBURN CENTER

Phone: 703.717.GERD (4373) • Fax: 703.717.4374 • HeartburnCenter@vhchealth.org
 Director: G. Kevin Gillian, MD, FACS • Nurse Coordinator: Leigh Ann Prickett, RN



Patient Name	
Date	D.O.B.
Email	
Phone (Home)	
(Work)	(Cell)

Clinical History (check)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Hiatal Hernia | <input type="checkbox"/> Vomiting | <input type="checkbox"/> S.O.B. |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Achalasia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Barrett's Esophagus | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Esophagitis | <input type="checkbox"/> GERD | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Nausea | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Paraesophageal Hernia | <input type="checkbox"/> Aspiration | <input type="checkbox"/> Dyspepsia |
| | <input type="checkbox"/> Globus | <input type="checkbox"/> Pre Op |

Other: _____

Procedures

- Esophageal Function Test (MII-EM):** CPT 91010/91037
Manometry and Impedance Study for evaluation of Esophageal Motility and Swallowing Disorders
- 24-Hour Ambulatory pH and Impedance Testing (MII-pH):** CPT 91038
Evaluation of acid and non-acid based reflux and symptoms. Proximal extent, frequency and nature of reflux can be determined. Permits correlation of symptoms and reflux events over a prolonged period. Can be done **On** or **Off** PPIs/H2 blockers **On** **Off**
EFT required for proper placement

Referring Physician	Office Phone/Fax
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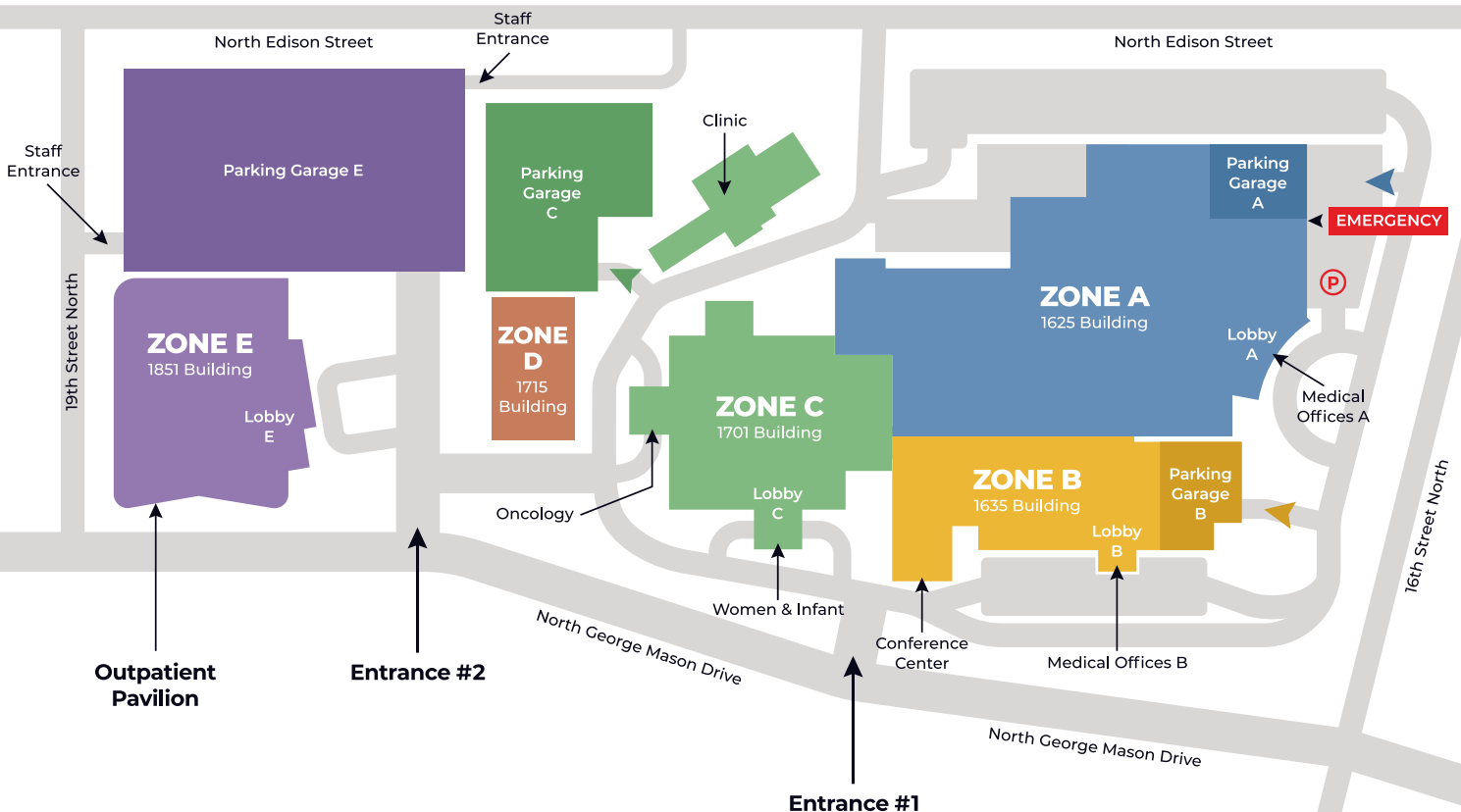
Signature: _____

Send Copies to: _____

Referring Physicians: fax or email completed order.
Patients: bring original order to appointment.

Parking: Zone E Garage (Purple)

Check in: Outpatient Surgery Center (Zone E)
 1851 N. George Mason Dr. | 2nd Floor | Arlington, VA 22207



Study Preparation and Information Sheet

On the day of your study please bring your insurance card and this form (it is your physician's order). Also bring your drivers license or an official government ID and a list of your current medications and dosages.

Please review this information carefully.

PREPARATION FOR TESTING

It is important that you take nothing by mouth, including food, beverages, candy, lozenges, and chewing gum for eight hours before the exam. Chronic medications may be taken with a small sip of water. The physician will usually (although not always) want to study the esophagus in its natural state. In other words, there should not be any medicine in the body that can affect the esophagus. The physician and/or nurse will inform the patient of what medications should and should not be taken. Medications that block acid production like PPIs (Nexium, Dexilant, Pantoprazole, etc.) and H2 blockers (Famotidine, Pepcid, etc.) and motility agents (Reglan, metoclopramide, etc.) are **usually held for 5 days** prior to the testing. You may take over-the-counter antacids such as Maalox, Mylanta, Gaviscon, or Tums up until 24 hours prior to your scheduled procedure. If symptoms become intolerable off your medications, call our center for advice before restarting them on your own.

PROCEDURE DETAIL

You are fully awake for the procedure as we need your participation. First, the back of the nose and throat are sprayed with a numbing agent. A thin, flexible motility catheter is gently passed through the nose. You may feel a little pressure in your nose and slight gagging as the tube is initially passed. This sensation subsides once the tube is in position. Upon swallowing, the tip of the tube enters the esophagus and the nurse quickly passes it down to the desired level. During the exam, the nurse will have you swallow a variety of liquids. In most cases it is an easily tolerated procedure. Depending on the studies ordered, everything is usually completed in under one hour.

Esophageal Function Testing / High Resolution Esophageal Manometry

The esophagus carries food and liquid from the throat to the stomach. The wall of the esophagus contains muscle that automatically contracts whenever a person swallows. This contraction occurs as a sweeping wave (peristalsis) down the esophagus. It literally squeezes to push the food or liquid from the throat to the stomach.

The lower esophageal sphincter, or LES, is a specialized region that remains closed most of the time, only opening when swallowed food is moved down the esophagus or when a person burps or vomits. This region protects the lower esophagus from caustic stomach acid and bile. Everyone has reflux at various times. However, severe reflux may damage the esophageal lining and cause symptoms such as heartburn, regurgitation, chest pain, difficulty swallowing, hoarseness, cough or asthma.

The Esophageal Function Test (EFT) measures the pressure within the esophagus. It can evaluate the action of the squeezing waves in the main portions of the esophagus as well as the valve at the end of it.

You will be asked to perform a series of swallows with liquid/viscous materials to help us evaluate how well your esophagus contracts and relaxes. This will allow for a proper diagnosis of your issues which will guide medical/surgical treatment options.

24-Hour pH Test with Multichannel Intraluminal Impedance (MII)

This test records how much acid/nonacid refluxes from your stomach into your esophagus over a 24-hour period. It involves passing a smaller catheter through your nose and into your esophagus after the EFT is completed. The tube is attached to a recording device. Please wear a garment that fastens in the front and can be easily removed at bedtime.

1. During the study you may experience some nasal drainage. You may blow your nose as usual, being careful not to snag the tube.
2. You may feel the tube move slightly when swallowing. It will not interfere with breathing or swallowing food.
3. Your throat may become sore during the study but the soreness will subside when the tube is removed.
4. Follow your regular diet and activities. The purpose of the study is to record what happens during your normal day. Try to make this a normal day by doing what you usually do. If you know how to bring on your symptoms, you are encouraged to do so!
5. There are no diet restrictions so you can eat what you want. Please avoid constant drinking or snacking for long periods of time. You may drink beverages with meals or with between meal snacks.
6. Unless it is your normal habit to nap during the day, you should not recline during the day. At night we would like you to sleep flat and with only one pillow.
7. No antacids or gastrointestinal medications unless instructed otherwise.
8. Handle the recorder with care. Do not drop, mistreat or allow the device to get wet. No showering or bathing.
9. Do not use facial cream or wear makeup the day of the study.
10. The recorder has event buttons that you press when you experience symptoms. Press the event button once at the beginning of the symptom or event. The nurse will review this with you before you leave. Please call the nurse coordinator at the VHC Health Heartburn Center, at 703.717.GERD (4373) with any questions or scheduling issues.

Results: Dr. Gillian will read your studies and report the findings to the referring physician. Additional copies may be sent to other designated physicians if requested by patient or referring physician. Dr. Gillian is available for direct consultations with you or your ordering physician if requested.

For more information about the Heartburn Center, scan this code. ►

