



INSTRUCTIONS FOR ESOPHAGEAL MANOMETRY

Name: _____ Birthdate: _____

Procedure Date: _____ Time: _____ Place: _____ Report to Facility: _____

1. Do not eat or drink after midnight. If procedure is scheduled for afternoon, patient may have clear liquids up to eight hours before procedure, then nothing to eat or drink.

2. **DO NOT SMOKE AFTER MIDNIGHT.**

3. Special instructions will be given regarding your medications.

Special medication instructions: _____

4. In general, your physician wishes you to take all of your medications as usual. On the day of the procedure, take all your medications at the usual time with a sip of water **BUT AT LEAST TWO (2) HOURS BEFORE THE PROCEDURE**, unless told otherwise.

*Clear liquids: Black coffee, tea, clear fruit juices such as apple, grape, and cranberry, bouillon, flavored Jello with nothing added, Kool-Aid, Hi-C, ice pops, soda (diet and non-diet), or water.

Please phone RGAL if you have any questions and notify our office within 72 hours if you need to reschedule or cancel your procedure (717-544-3400). Failure to cancel your procedure within 72 hours will result in an additional charge.

Please allow 14 days before calling the office for results.

THANK YOU.

Nurses signature: _____

Date: _____

