

# PH Study

## Patient information leaflet

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If you need this leaflet in a different language or accessible format  
please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،  
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie,  
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,  
vă rog să discutați cu un membru al personalului să se ocupe  
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق  
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

## What is a pH study?

A pH study is a test to check for gastro-oesophageal reflux (GOR). GOR is when the stomach contents are brought back up into the oesophagus (gullet - the tube that takes food from the back of the mouth to the stomach).

It can occur for a number of reasons, including a weak valve at the top of the stomach. Repeated reflux of stomach acid may cause your child's gullet to become inflamed, which can be painful for them.

## Why is it needed?

A pH study is needed to determine if your child has GOR, its' severity and to offer appropriate treatment. Once the doctors know how severe or serious your child's reflux is, they can suggest treatment.

## What happens before the test?

The nurse will explain about the test in more detail, discuss any worries you may have and ask you to sign a consent form giving permission for your child to have the test. If your child has any medical problems, particularly allergies, please tell the nurse or doctors about these.

Before the test is done you may need to stop some of the medications your child is taking e.g. Ranitidine will need to be stopped 48 hours (two days) before the test whilst Omeprazole needs to be stopped 72 hours (three days) before the test. The nurse/ doctor will discuss all these with you before you come in for the test.

## Notes

### Are there any risks?

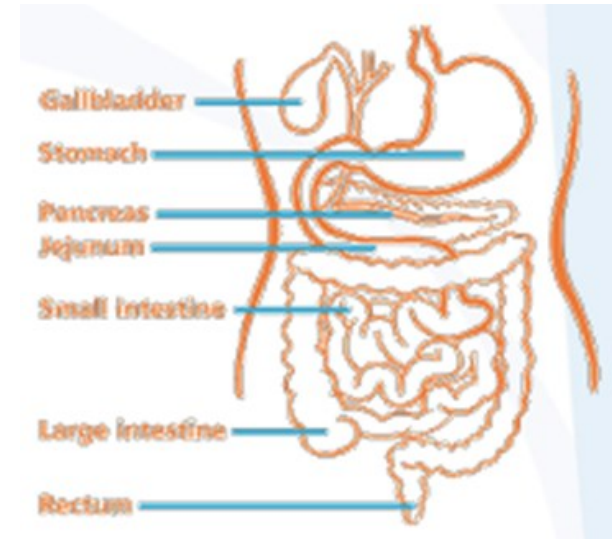
The main risk with this test is that your child could have a nosebleed when the tube is inserted into the nostril. This tends to happen more with children who have nosebleeds anyway. There is a very small risk the tube could damage your child's gullet, but this is very unlikely as the tube is thin and flexible.

There is a small risk of aspiration (leaking) of stomach contents into the lungs during the insertion of the tube. We therefore ask your child to have nothing to eat or drink for a minimum of two hours. There is also a small risk of the tube going into a lung instead of the oesophagus although this is unlikely because the nurses carrying out the procedure are very experienced.

If this does occur it is unlikely to cause any harm as the position is confirmed on an X-ray. Your child will not be allowed to eat or drink until the position is confirmed.

### When do I get the results?

Your child's test results will be given to you at your next outpatient appointment at the hospital. However, if there is a need to start new treatment before the appointment, your doctor will contact both you and your GP with details.



### What does the test involve?

You and your child will be asked to attend the Children's Observation Unit where the test will be started. You will be able to stay with your child throughout.

### There are two different types of tubes:

- Requires an electrode on the tummy and a tube inside the nose.
- Requires only the tube in the nose. The type your child will need depends on whether they need a one channel or two channel study.

The nurse clinician will attach an electrode (small, red sticker) to your child's abdomen (tummy) with tape. They will then insert a thin tube containing the probe into your child's nostril and down the back of their throat into their oesophagus.

A drink of water sometimes makes it easier for the end of the tube to travel to the oesophagus. Inserting the tube does not hurt but it may be uncomfortable for a short while.

On rare occasions it can take more than one attempt to insert the tube. This may be distressing for your child. It may make your child sneeze, cough, retch, tickle their throat and make their eyes water.

Please feel free to stop the procedure at any time if you have any concerns or wish to discuss further attempts. Once the tube has been inserted, the nurse will then tape it to your child's cheek and then they will have an X-ray to check it is in the right place. The other end of the tube and electrode are connected to a recording box.

This will stay in place for 24 hours to record your child's gastro-oesophageal reflux. During this period, your child should eat and drink as usual, and you will need to fill in a diary. The person performing the test will explain how to do this.

Once the test has been completed, your child will be taken back to the ward.

### What happens afterwards?

The tube will be removed either on the Children's Observation Unit or by the Children's Community Nursing Team the next day.

This should not be uncomfortable at all. The nurse will also remove the electrode from your child's abdomen if necessary.

Please recommence all Anti-reflux medication until results of pH study are known.