

Esophageal manometry (muh-NOM-uh-tree) is a test that shows whether your esophagus is working properly. The esophagus is a long, muscular tube that connects your throat to your stomach.

When you swallow, your esophagus contracts and pushes food into your stomach. Esophageal manometry measures the contractions. The test also measures the force and coordination of esophageal muscles as they move food to your stomach.

WHY WOULD DOCTOR ORDER ESOPHAGEAL MANOMETRY

Your doctor might recommend esophageal manometry if you're having symptoms that could be related to an esophageal disorder.

Esophageal manometry provides information about the movement of food through the esophagus into the stomach. The test measures how well the muscles at the top and bottom of your esophagus (sphincter muscles) open and close, as well as the pressure, speed and pattern of the wave of esophageal muscle contractions that moves food along.

If your main symptom is difficulty swallowing or pain when swallowing, your doctor is likely to order other tests, such as X-rays or upper endoscopy — a procedure by which your doctor can see your upper digestive system with a tiny camera on the end of a tube — before or instead of esophageal manometry. These tests identify or rule out a narrowing, a complete blockage or an area of inflammation in your esophagus.

Esophageal manometry might be used to help diagnose:

- **Diffuse esophageal spasm.** This rare swallowing problem is characterized by multiple, forceful, poorly coordinated muscle contractions of your esophagus.
- **Achalasia.** This uncommon condition occurs when your lower esophageal sphincter muscle doesn't relax properly to let food enter your stomach. This can cause difficulty swallowing and regurgitation of food back up into your throat.
- **Scleroderma.** In many people with this rare progressive disease, the muscles in the lower esophagus stop moving, leading to severe gastroesophageal reflux.

If your doctor has recommended anti-reflux surgery to treat gastroesophageal reflux disease (GERD), you might need esophageal manometry to make sure you don't have achalasia or scleroderma, which GERD surgery can't help.

If you have chest pain not related to your heart, esophageal manometry might be recommended if you don't respond to treatment for GERD.