



Society of Gastroenterology Nurses and Associates, Inc.

POSITION STATEMENT

Performance of Gastrointestinal Manometry Studies and Provocative Testing

Disclaimer

The Society of Gastroenterology Nurses and Associates, Inc. assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. Nurses and associates function within the limitations of licensure, state nurse practice act, and/or institutional policy.

Definitions

For the purpose of this document, SGNA has adopted the following definitions:

Anorectal manometry refers to a technique used to record pressures from the rectum and anal sphincters (Society of Gastroenterology Nurses and Associates, Inc. [SGNA], 2004).

Associate refers to assistive personnel such as technicians, technologists and assistants (SGNA, 2006a).

Esophageal manometry refers to a highly technical evaluation of the regions of the esophagus, upper esophageal sphincter (UES), esophageal body, and lower esophageal sphincter (LES) (SGNA, 2003).

Gastroduodenal small bowel manometry refers to a study of both fasting and fed patterns of phase pressure activity in the gastric antrum and upper small bowel (SGNA, 2003).

Gastrointestinal manometry studies refers to diagnostic tests measuring intraluminal pressure and coordination of activity in the muscles of the GI tract (SGNA, 2003).

Nurse refers to registered nurse, licensed practical nurse, or licensed vocational nurse (SGNA, 2006b).

Provocative testing refers to a technique designed to reproduce chest pain that may be esophageal in origin (SGNA, 2003).

Sphincter of Oddi manometry refers to a study of pressures within the Sphincter of Oddi (SGNA, 2003).

Background

The role of the gastroenterology nurse and associate has expanded to include a variety of gastrointestinal manometric studies. These include esophageal, gastroduodenal, sphincter of Oddi, and anorectal studies (Botoman, Rao, Dunlap, Abell, & Falk, 2003). Nursing care of the patient undergoing these studies involves a nursing assessment and documentation, administering topical anesthetics inserting a manometry probe, and performing the study (SGNA, 2003; SGNA, 2004). Pediatric patients undergoing manometric procedures also require a nurse or associate familiar with the special development and behavioral needs of this population (DiLorenzo et al., 2002; Nurko, 2004).

The role of the gastroenterology registered nurse has expanded to include provocative testing. Nursing care of the patient undergoing these studies involves nursing assessment, documentation and administration of intravenous drugs used in provocative testing (SGNA, 2003; SGNA, 2004).

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The role of the gastroenterology nurse and associate also includes printing and reporting the manometric findings, maintaining the equipment and assuring the reprocessing of equipment according to manufacturers' guidelines.

Position

The **registered nurse** experienced in gastroenterology nursing and/or manometry studies is responsible for assessing, educating, and preparing the patient, and performing the study. During the procedure the registered nurse may document events on the tracing that correspond to patient activity for interpretation by the physician.

SGNA recommends that the **registered nurse** responsible for manometry and provocative testing have education, assessment skills, knowledge of medications, and technical skills specific to manometry. Specifically, the registered nurse must be prepared to intervene in the event of untoward reactions, including but not limited to epistaxis, vaso-vagal reactions, syncope, IV infiltration, and adverse reactions to medications used for provocation.

SGNA supports the position that the **licensed practical/vocational nurse and associate** experienced in gastroenterology and/or manometry studies may be given the responsibility of preparing the patient, performing the study under the direction of the registered nurse and/or physician. The licensed practical/vocational nurse and associate may document events during the procedure on the tracing that correspond to patient activity for interpretation by the physician.

It is our belief that **licensed practical/vocational nurse and associate** responsible for manometry must have the education, knowledge of medications, and technical skills specific to manometry. The licensed practical/vocational nurse and associate must also be prepared to identify untoward reactions, including but not limited to epistaxis, vaso-vagal reactions and syncope.

SGNA also recommends that the responsibility to perform provocative testing be limited to qualified registered nurses only.

References

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Recommended Reading

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