

Instructions for an Oesophageal Swallow Study

Department of Nuclear Medicine & Centre for PET

Name: _____
Appointment
Date: _____ Time: _____

Your doctor would like you to have an **Oesophageal Study**. The test is done to assess oesophageal motility (ability to move spontaneously) and disorders of swallowing.

Please report to the:

**Department of Nuclear Medicine
Heidelberg Repatriation Hospital
Level 2 of the Centaur Wing
Banksia Street, Heidelberg**

If cannot attend on the day, please call the Department to make another appointment time.

The phone numbers is: **03 9496 2611**

Procedure: The patient is given a radioactive drink to swallow. Pictures are taken over a period of ½ an hour.

Preparation: The patient is not to eat or drink 4 hours before the appointment.

An important note for women having Nuclear Medicine Scans:

As with any test using radiation, you must contact the Department of Nuclear Medicine before your appointment if:

- **You are or may be pregnant, if you are breast-feeding**
- **Please do not bring small children with you**

Further Information

If you have any questions regarding this information, please contact:

Department of Nuclear Medicine
Phone 9496 2611

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