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Summary

Mistakes in clinical investigation of gastrointestinal motility and function

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Mistakes In Articles

Neurogastroenterology & Motility

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Technological advances such as high-resolution manometry have expanded the role of neurogastroenterology and motility testing beyond major motility disorders to help explain symptoms and guide treatment in patients with persistent gastrointestinal complaints.

KEY POINTS

- Dysphagia, heartburn, bloating, abdominal pain and changes to bowel habit are each reported by 5–15% of the general population according to a recent UEG survey.
- High-resolution manometry provides objective measurements of both motility and function, including movement and digestion of ingested material within the gastrointestinal tract.
- The ability to associate events such as bolus retention, reflux or gas production with symptoms provides an indication of visceral sensitivity and can identify causes of patient complaints.
- Until recently, manometry, scintigraphy, breath tests and related tests rarely provided information to explain symptoms and establish diagnosis, limiting referrals mainly to suspected major motility disorders.
- The material addresses frequent mistakes in clinical investigation of gastrointestinal motility and function based on consensus documents from the International Working Group for Disorders of Gastrointestinal Motility and Function.

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