Motility Goals and Objectives
Stony Brook
2016

Revised December 21, 2015
Isabelle Von Althen-Dagum, M.D.
Associate Professor
High Resolution Esophageal Manometry and Impedance

The fellow will be able to appropriately order manometric studies, understand the results and apply them to the patient. The fellow will be able to recognize manometric patterns and understand the pathophysiology and treat the patient. Included concepts and diagnoses that pertain to manometry are listed below.

Chicago Classification of Manometric Abnormalities

- Achalasia types I, II and III
- EGJ outflow obstruction
- Esophageal spasm
- Jackhammer esophagus
- Ineffective esophageal motility

TLESR

Cricopharyngeal Bar

Rumination

Esophageal PH and Impedance

The fellow will be able to appropriately order 24 hour Ph/impedance testing in the setting of questionable reflux, atypical symptoms, and failure to respond to PPI therapy. He will be able to interpret the tracing to give one of the diagnoses below and manage the patient. He will be able to discuss indications and limitations of testing both on and off PPI treatment.

- Acid reflux
- Sensitive esophagus
- Non-acid reflux
BRAVO 48 h PH Testing

The fellow will be able to discuss when BRAVO testing is indicated, to insert the capsule and interpret results and manage complications. He will know how to prepare the patient and discuss off therapy testing.

Anorectal Manometry

The fellow will be able to discuss indications for the test, how the test is done, and how to interpret the results. On the tracing he will be able to identify the RAIR, and rectal and anal pressures. He will be able to discuss and manage findings on the tracing listed below.

- Hirschsprung’s
- Dyssynergic defecation
- Sphincter defects

Smart Pill

The fellows will be able to discuss the role of the Smart Pill in assessing gastroparesis, small bowel dysmotility and slow colon transit and know the normal value for each and what an abnormal results implies and how to manage results.

Gastric Scintigraphy

The fellows will know correct indications and pitfalls in ordering gastric emptying studies. He will know how to manage the results

Breath Testing

The fellow will be able to explain the rational for hydrogen breath testing for the conditions listed below and the patient preparation and test limitations. He will be able to interpret the results and use them for patient management

Breath tests for carbohydrate malabsorption
Breath tests for bacterial overgrowth
Breath tests for H. Pylori
Other diseases of gut dysfunction attributed to motility disorders

Several other diseases and conditions are historically in the realm of motility. The fellows will be able to investigate and manage these patients by taking an accurate history, doing an appropriate physical exam including a focused rectal exam where indicated and order indicated testing. He will know the most recent guidelines published by medical societies how to manage these patients.

IBS
Gastroparesis
Constipation
Bloating
Non-Ulcer Dyspepsia

Medications in Motility

The fellow will be able to describe the mechanism of action and indication for use and side effects for the following medications often used in motility disorders

Metoclopramide
Linzess
Amitiza
Laxatives
Antidiarrheal
Cholestyramine
Tricyclic antidepressants
Probiotics

The fellows will attend motility rounds weekly in the motility suite to read studies. They will place BRAVO capsules in the endoscopy suite and see patients in the outpatient setting with motility problems under supervision of an attending physician. Monthly motility rounds in formal conference will also occur. A reading list of pertinent articles will be available.