



Rush University System for Health

Rush Gastroenterology Motility Clinic

Motility tools: Simplifying paths of treatment

Providers in Rush's Gastroenterology Motility Clinic use high-resolution motility equipment and specialty ambulatory pH probes to offer minimally invasive follow-up for patients with esophageal dysmotilities ranging from achalasia to esophageal body contraction abnormalities.

Rush's motility clinic has seen thousands of patients over the last 20 years. One strength of our program is our multi-disciplinary approach. At Rush, gastroenterologists work closely with general and bariatric surgeons, pelvic floor specialists, physiologists and psychologists to create individualized treatment plans for patients.

Why refer your patients to Rush's Motility Clinic?

For several years, Rush University Medical Center's motility team has utilized high-resolution motility equipment and specialty ambulatory pH probes to determine how to best proceed with their patients' treatments with minimal invasive follow-up.

Head of the motility program, Rana R. Abraham, MD, MS, introduced the state-of-the-art high-resolution motility equipment that has allowed their team to offer the most advanced treatment options.

Patients needing surgery benefit from the strong relationship with Rush's general and bariatric surgery teams. Patients with pelvic floor dysfunction or pain can be referred to Rush's pelvic and abdominal health clinic. Finally, our clinic takes a collaborative approach toward the wellness of our patients by collaborating with Rush psychologists to manage functional disorders or provide adjuvant treatment for minor motility disorders.

Location

Rush University Medical Center

Professional Building
1725 W. Harrison Street,
Suites 206-207
Chicago, IL 60612

**To refer patients or
arrange a consult call:
(312) 942-5861**

Learn more:
rush.edu/GI-motility

Tests and Treatments

Anorectal Tests

Anorectal high-resolution motility and associated tests also provide the benefit of assisting in the diagnosis of diseases of the anorectal areas, leading to the definition of rectal compliance and sphincter competence. This testing helps determine causes of constipation or incontinence based on readings of the muscle pressure and can also lead to a diagnosis of dyssynergic defecation, in which case therapy might be suggested.

Esophageal Tests

Ambulatory pH probes can help determine the severity of acid reflux in patients as well as distinguishing whether esophageal or related symptoms are actually due to reflux events. The wireless pH probe allows the patient to walk around normally, with the addition of a tiny capsule that sits above the base of the gastroesophageal junction for four days during which it measures and transmits information on acidic content to a pager the patient wears.

We also use pH impedance catheters to assess symptoms that are related to non-acid reflux. While wearing the catheter over a 24 hour period, the patient's readings note whether air or fluid passes the catheter and can provide insight into the patient's complaints if those readings correlate with symptoms.

High-definition esophageal manometry testing requires that a catheter is inserted in the nose and esophagus to the stomach. For 15-20 minutes, the device measures swallowing while the test produces a pressure topography that determines if the peristaltic function is normal or abnormal. Some motility disorders that can be diagnosed with HRM include jackhammer esophagus, distal esophageal spasm and achalasia. Solutions to these esophageal issues range depending on the results, but can include:

- Esophageal muscle relaxants or anti-spasmodics
- Botox
- Pneumatic dilation
- Heller myotomy
- Peroral endoscopic myotomy

Meet our team

Gastroenterology

Rana R. Abraham, MD, MS

Keith W. Bruninga, MD

Kenika R. Robinson, MD



Rush University Medical Center is ranked as one of the top 50 hospitals of the nation for Gastroenterology and GI Surgery by *U.S. News & World Report*.