

# Singh Surgical Partnership

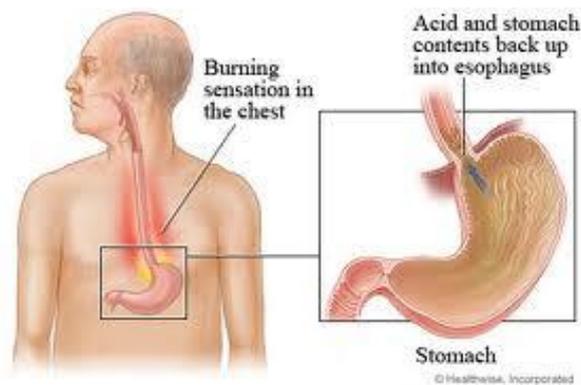
## Heartburn and Gastro Oesophageal Reflux Disease (GORD)



### Information for Patients

#### What is Reflux?

Reflux occurs when the contents of your stomach travel up in the wrong direction into your oesophagus and this can cause a burning sensation. Almost all of us have a little reflux from time to time but are unaware of it. However if reflux happens more often than normal you may develop symptoms.



#### Why does reflux happen/what causes reflux?

There is a ring of muscle around the lower end of the oesophagus, which is there to prevent reflux. When you eat this muscle relaxes but then tightens up again once you have finished. If this ring of muscle is too slack, reflux can occur. In addition if you have a hiatus hernia this may play a part.

Other factors that can cause reflux include:

- Being overweight
- Eating rich, fatty foods
- Drinking excess coffee and alcohol
- Smoking
- Wearing tight clothing
- Stooping or bending forwards
- Pregnancy

However you may be someone who leads a healthy lifestyle and have none of the previous 'risk factors' yet experience troublesome symptoms.

### **What are the symptoms?**

Heartburn is the most frequent one, which is a burning sensation felt in your chest or up in your throat. Heartburn may feel worse after a rich meal, citrus fruits, hot drinks or alcohol. You may experience reflux which is when the contents of your stomach 'repeat' by coming up into your mouth. You may even experience pain or discomfort on swallowing (odynophagia) and an occasional feeling of food sticking in the gullet after swallowing (dysphagia). Less common symptoms are coughing, wheezing, choking and a hoarse voice. It is quite common for your symptoms to be worse at night when lying down.

### **What is Oesophagitis and how does reflux cause oesophagitis?**

When you see a medical term ending in 'itis', this indicates inflammation, so quite simply, oesophagitis means inflammation of the oesophagus. The lining of the oesophagus appears red and sore, and if severe ulcers can develop.

Your stomach makes a strong acid, which kills acid and helps with your digestion process. If the acid refluxes in sufficient quantities and often enough it results you developing oesophagitis.

### **Will I need any tests?**

Usually a diagnosis of gastro-oesophageal reflux can be made from listening to your symptoms alone. But on occasions further tests will be required to confirm your diagnosis. The most commonly used test is an endoscopy, which is in when a narrow, flexible telescope is passed through your mouth into your oesophagus and stomach. This test will detect whether you have any inflammation of the oesophagus or stomach.

Another test used is called a barium swallow; this is less accurate than an endoscopy. It involves swallowing some white liquid called barium whilst x-rays are taken. It is good at showing whether you have a hiatus hernia or whether your oesophagus is narrowed for any reason.

Occasionally it may be necessary to measure the amount of acid in the gullet. This is done by passing a very narrow tube through your nose and into the lower end of your oesophagus. The narrow tube is connected to a monitor, which measures the level of acidity over a 24-hour period. Even more rarely it may be necessary to have a test called motility studies, these are done to measure how the muscles of the oesophagus are working.

### **What is a hiatus hernia and does it matter if I have one?**

Instead of staying in your abdomen your stomach may slide up into your chest by pushing itself through the opening in the diaphragm through which the oesophagus passes (called the hiatus). The hernia itself rarely causes symptoms; you may not even know you have one. A hiatus hernia is very common, just because you have one does not mean you will experience reflux, many people experience reflux without a hiatus hernia. However it does seem that having a hiatus hernia makes reflux more likely.

## **How can reflux be treated?**

The severity of the condition varies greatly from one individual to another therefore so does the intensity of the treatment. There is however no simple 'cure'.

### *Lifestyle measures*

The most important and helpful aspects of treatment are those, which you can do for yourself.

- Losing weight can be very helpful
- Diet – try and reduce your consumption of or avoid alcohol, caffeine and acidic food and drinks e.g. orange juice and avoid eating rich fatty foods especially late in the evening. Try to avoid large meals, it is better to eat little and often, since a large meal over fills the stomach. You may find eating dry meals with drinks in between help your symptoms Eat earlier in the evening so you do not go to bed with a full stomach, it may also help to prop up the head of your bed.
- Stop smoking
- Try to avoid bending forward or stooping, instead try and bend from the knees and keep the back straight.
- Clothing – avoid tight belts and underclothes such as corsets as they increase pressure on the stomach.

### *Medication*

There is no medication currently that can cure this condition; hence the importance of lifestyle changes. Medication however is widely used and is effective in controlling symptoms. They can either combat the acid or increase emptying of the stomach and oesophagus.

The simplest medications are antacids, which neutralise the acid in your stomach and are freely available at any chemist. More powerful medications are now available without prescription (at a lower dose than your G.P. or Mr. Singh will prescribe) these reduce acid production by the stomach.

Medication, which promotes the emptying of your stomach, can be useful, but are usually used in addition to one of the acid reducing drugs.

## **In the Long Term**

Once someone has developed gastro-oesophageal reflux disease, they often have a tendency to be troubled by it for life, although the severity can often fluctuate. Most people find that their symptoms are well controlled by medication, but the importance of lifestyle measures cannot be over emphasized. Your G.P. will be able to step up or step down your medication according to need. There are a small number of people for whom drug treatment is not suitable for one reason or another. In such cases, surgery may be considered as an option.

## **Any questions?**

Having read this leaflet, you may have questions that you wish to have answered. Please write these questions down and Mr. Singh will be happy to answer them for you at your next appointment. Alternatively you can email Ruth Singh ([ruth@singhsurgicalpartnership.com](mailto:ruth@singhsurgicalpartnership.com)) with your questions or call Mr. Singh's secretary on 01252 783929 and leave a message for Mr. Singh.

R. Singh May 2011

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