

## Patient Information: Reflux Disease

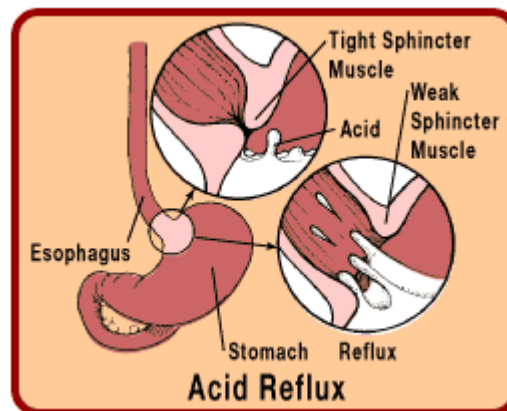
*This information sheet is for general information and is not to provide specific medical advice. You should discuss your medical condition with your doctor to ensure correct diagnosis, management and care.*

### What is Reflux Disease?

After a meal the stomach secretes acid to start the digestion process. Reflux disease, also known as Gastro-oesophageal reflux, occurs when acid backwashes up into the gullet (oesophagus) as seen in the picture. This occurs because the sphincter muscle at the bottom of the oesophagus fails to work properly.

### What causes Reflux Disease?

We do not know what causes the sphincter muscle to not function and relax too often. Some lifestyle factors can affect the way the sphincter muscle works, how long it takes for the stomach to empty and likelihood of reflux developing.



- Diet is important, avoid large meals, avoid fatty food and certain foods and beverages can affect the sphincter pressure or irritate the oesophagus lining, including chocolate, alcohol, tea and coffee, spicy food, citrus fruit and juices, and tomato products. The reaction to various foods is differs for everyone.
- Lying down soon after a meal and bending over will provoke reflux
- Smoking may aggravate symptoms
- Some medications can affect the function of the sphincter muscle or directly cause ulcers in the oesophagus, check with your doctor
- Pregnancy is often associated with reflux, probably due to hormonal factors and the pressure of the baby. It resolves as soon as the baby is born.
- Obesity causes additional pressure on the stomach forcing the contents up into the oesophagus.

### What are the symptoms?

Heartburn, which is a burning feeling that, rises from the chest to the throat and/or a sour/bitter taste in the mouth are the typical symptoms of reflux disease. Symptoms tend to be worse after, a meal and lying down.

Other symptoms described are, bloating and excess gas, nausea and vomiting, a rush of saliva in the mouth, a sensation of food sticking in the oesophagus, cough, sore throat, hoarse voice, and in asthmatics wheezing.

Reflux disease is not serious, it tends to be a nuisance, bothering people some of the time and on a recurring basis, it can however also cause regular discomfort and disrupt people's lives.

Chronic acid exposure rarely leads to ulcers developing in the lower oesophagus, which can then be complicated by a stricture, which is due to tight scar tissue. A stricture causes a feeling of food sticking in behind the breastbone or chest.

### If Reflux Disease is common, should I see my doctor?

Your doctor can make a diagnosis of reflux disease based on your symptoms and their response to medication.

Further tests may be suggested, particularly if symptoms do not respond to medications, symptoms recur off medication and if any of the following are present, difficulty swallowing, vomiting blood, weight loss and new symptoms in a person aged ~40 years or more.

- Endoscopy, is a simple test, after mild sedation a flexible camera is passed through the mouth into the oesophagus and stomach. Often the Endoscopy is normal in reflux disease, as the acid has not caused any visible damage to the oesophagus. At other times erosions (acid burns) and ulceration of the lower oesophagus are seen, a stricture and Barrett's Oesophagus can also be diagnosed. Barrett's oesophagus is found in 10% of reflux patients, due to acid

exposure of the lower oesophagus, the cells change to a more resistant type to protect themselves. This is not cancer but should be monitored with further Endoscopies. Endoscopy also excludes other problems such as, stomach ulcers and cancer and Helicobacter Pylori infection.

- Barium meal, X-ray pictures are taken after swallowing liquid that outlines the oesophagus and stomach. It is a useful test in people with difficulty swallowing.
- Oesophageal acidity or pH monitoring. A fine wire is passed through the nose into the gullet to record acidity in the oesophagus, usually for 24 hours at home. A small box, carried on a belt, makes the recordings. It is especially useful when the diagnosis is still uncertain, even after Endoscopy.
- Oesophageal pressure testing or manometry measures how the muscles of the oesophagus work. This information is sometimes useful in people with reflux symptoms.

### **What treatment is available?**

- Conservative measures should be tried if your reflux is mild and infrequent:
  - Avoid large meals, eat regularly, avoid fatty food, and avoid those specific food types that make your reflux worse. Food types, which often trigger reflux, include chocolate, onions, peppermint, garlic, fruit juices, fizzy drinks, alcohol, caffeine, and fatty, fried, or spicy meals. Smoking can also trigger reflux.
  - Do not eat with-in 2 hours of lying down or going to bed.
  - Lose weight if overweight
  - Limit alcohol intake
  - Stop smoking
  - Prop up the head of the bed with a house-brick if nighttime symptoms are troublesome.
  - Antacids can be purchased at the chemist and used when reflux symptoms occur, Quick-eze, Mylanta, Tums and Rani-2 are some examples. These products work at the time but symptoms tend to recur quickly.
- Prescription medicines  
The most effective drugs for reflux disease are called Proton Pump Inhibitors, Losec, Zoton, Somac, Pariet and Nexium are the individual drug names. They are effective at suppressing reflux symptoms and healing erosions or ulcers of the oesophagus. They can be taken long term or in a course followed by as required dosing. Discuss the best option for you with your doctor. Adjustment of the medication and dose maybe necessary at follow consultations.
- Anti-reflux surgery to improve the function of the sphincter muscle may have a place for some patients.

Although reflux disease is a chronic disorder, symptoms come and go and may remit for periods of time. The Proton Pump Inhibitors work by reducing acid output form the stomach without reversing the abnormal function of the lower oesophageal muscular sphincter. Therefore symptoms may recur off medication. You may wish to consider Endoscopy to exclude other disorders if this occurs. Patients on long-term proton Pump Inhibitors should have the stomach infection called Helicobacter Pylori tested and treated if present. Talk to your doctor about tests for Helicobacter Pylori.

More information can be found on our website: [www.sydneyendoscopy.com.au](http://www.sydneyendoscopy.com.au)

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