

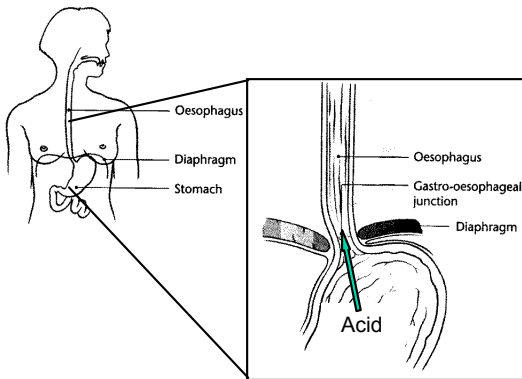
# Reflux

## Patient notes

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### What is reflux?

Gastro-oesophageal reflux is very common. It is not a disease. It represents symptoms from either the gut not working as efficiently as it ought to or being inherently more sensitive (or in some cases both). Everyone's stomach produces acid. This acid does not contribute to digestion but is a mechanism by which your body protects itself from food poisoning. With human diets now being very safe you do not need the acid and in many individuals it is more trouble than it is worth. The most common cause of acid indigestion (dyspepsia) is where an inefficiency of the valve at the lower end of the gullet (lower oesophageal sphincter) allows the acid from the stomach to flow (**reflux**) back into the gullet (oesophagus). The acid irritates the oesophagus giving rise to heartburn.



### What are the symptoms of reflux?

#### Common symptoms

Heartburn - a burning pain behind the breastbone  
Nausea - usually in the morning due to the irritant effect of reflux whilst laying flat in bed overnight  
Regurgitation - stomach contents flowing up to the mouth

#### Other symptoms

Chest pain - due to spasm in the gullet. This may spread into the neck or jaw  
Difficulty or pain with swallowing - again due to spasm in the gullet  
Coughing/choking/asthma/hoarse voice/sore throat - often worse at night or in the early morning  
Pain in the upper abdomen

### Things that might cause reflux symptoms

#### Physical factors

- Being overweight puts extra pressure on the valve
- Eating large meals late at night
- Stooping and bending
- For patients who experience symptoms at night putting the head end of your bed with blocks so that the whole bed slopes might help. Your oesophagus

will then be higher than your stomach during the night (using extra pillows is ineffective)

### Dietary factors

- Reflux will be made worse as much by food that relax the lower oesophageal sphincter than necessarily foods that are themselves acidic. These foods include chocolate, coffee, pastry, fatty foods and some forms of alcohol.

### Worry/stress/anxiety

- It is useful to recognise that stress and worry will make reflux worse. This is not because the symptoms are imagined but because the lower oesophageal sphincter relaxes when humans are stressed and the sensory signals will in turn be amplified.

### Medical Treatment

#### Treatments available to buy at the chemist

- Antacids - neutralise the stomach acid e.g. Gaviscon<sup>®</sup>, Rennie's<sup>®</sup>, Settlers<sup>®</sup>.
- H<sub>2</sub> antagonists - tablets which reduce the amount of acid made in your stomach eg ranitidine (Zantac<sup>®</sup>)
- Antiemetics - tablets which help your stomach to empty more quickly. eg domperidone (Motilium<sup>®</sup>)
- Proton pump inhibitors - omeprazole switches stomach acid off and is now available to buy over the counter in a small dose

#### On prescription from your doctor

- Proton pump inhibitors - tablets that switch off the acid e.g. lansoprazole (Zoton<sup>®</sup>), omeprazole, esomeprazole (Nexium<sup>®</sup>), pantoprazole (Protium<sup>®</sup>) and rabeprazole (Pariet<sup>®</sup>)

### Surgery

In a very small number of patients an operation may be recommended to construct a new valve (anti-reflux surgery). In many cases this may be performed by keyhole surgery.

### Are there long-term consequences reflux?

Continued exposure of the oesophagus to stomach acid may cause inflammation and ulceration (*reflux oesophagitis*). Oesophagitis may, in turn, lead to scarring which may narrow the oesophagus. Any persistent difficulty with swallowing should be reported to your doctor. In many cases this may require further endoscopy and possibly dilatation (stretching) of the gullet.