



## GASTRO-OESOPHAGEAL REFLUX DISEASE

There is normally a 'valve' effect between the stomach, which lies in the abdomen, and the gullet or oesophagus, which is in the chest. This valve prevents acid, normally produced by the stomach, from going backwards into the oesophagus. In many patients, however, this valve does not work well, leading to the lining of the oesophagus being exposed to abnormal amounts of acid. This can give rise to oesophagitis, or inflammation of the oesophagus. The patient can experience heartburn, regurgitation of acid or food, abdominal and chest pains, and sometimes, difficulty in swallowing.

### **Treatment of gastro-oesophageal reflux disease**

#### ***Drug Treatment***

For most patients with gastro-oesophageal reflux disease, the acid produced by the stomach is not excessive in amount; it is simply in the wrong place. Most medical treatment for gastro-oesophageal reflux disease, however, are aimed at neutralizing the acid (antacids eg Rennie's, Gaviscon) or making the stomach produce less acid (histamine-2 antagonists eg cimetidine or ranitidine; proton pump inhibitors eg omeprazole, lansoprazole). These drugs are very effective and safe, and have helped many patients, some of whom take the medicines long-term.

#### ***Postural and Lifestyle Measures***

Many patients with gastro-oesophageal reflux disease benefit from the use of simple mechanical measures which help to keep the acid in the stomach. These include:

**Elevation of the head of the bed:** This benefits patients who experience reflux symptoms in the recumbent position. It is best to put one or two bricks under each of the two bed legs (at the head end). The oesophagus, which is in the lower part of the chest, is then higher than the stomach, thereby discouraging back-flow of stomach contents. The use of pillows is often not so helpful because it may only be the head rather than the chest that is raised.

Avoidance of food and drink 3 hours prior to going to bed. If the stomach stays relatively empty in the recumbent position, the amount of reflux is likely to be reduced.

Many patients experience symptoms of reflux after meals, especially if they bend down or wear tight clothes. These factors tend to push stomach contents into the gullet. Avoid having the stomach full of food or drink by eating small meals. Loose clothes may help.





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Alcohol, coffee, smoking, and greasy or spicy foods tend to encourage reflux and are best reduced or avoided.

## ***Surgery***

An operation to tighten the junction between the stomach and the oesophagus is sometimes performed for gastro-oesophageal reflux disease. This involves having a general anaesthetic and a stay in hospital. However, surgical treatment is required for only a small number of patients.

## ***Hiatus Hernia***

A hiatus hernia occurs if the upper part of the stomach goes up from the abdomen into the chest. A hiatus hernia tends to cause gastro-oesophageal reflux but gastro-oesophageal reflux can also occur in the absence of a hiatus hernia. Conversely, some patients with hiatus hernia do not experience reflux symptoms. In most patients with gastro-oesophageal reflux, treatment is unaffected by the presence or absence of a hiatus hernia.

***If you have any queries or concerns please do not hesitate to contact us on Tel: 020 8337 9609***

