

TO YOUR HEALTH

Heartburn & Esophageal Reflux



What is Esophageal Reflux?

Esophageal reflux or gastroesophageal reflux disease (GERD) is commonly referred to as “heartburn,” because of the symptoms of burning or squeezing sensation behind the breast bone that many people experience. Not everyone who experiences heartburn has GERD, but it is a key indicator symptom.

The number of people experiencing GERD is increasing in North America and across the world. Over 15 million Americans experience heartburn symptoms each day. Researchers believe there is a correlation between the incidence of GERD and the rise in obesity. Chronic GERD may lead to pre-cancerous Barrett’s esophagus from acid exposure. Studies have shown that patients with chronic, untreated heartburn are at a substantially greater risk of developing esophageal cancer.

Making simple lifestyle changes can often alleviate or eliminate symptoms.

- ✓ Avoid foods that cause the esophageal sphincter to relax including: alcohol; coffee, tea, sodas or drinks with caffeine; chocolate; fatty foods; peppermint or spearmint.
- ✓ Limit acidic foods, like citrus fruits or tomatoes, which make the irritation worse when regurgitated.
- ✓ Eat several smaller meals, rather than a few large ones. Large meals cause more acid and more potential for stomach contents to reflux.
- ✓ Stop smoking. Nicotine weakens the esophageal valve and increases stomach acid.
- ✓ If you are overweight, lose weight. Excessive weight increases the pressure on the stomach and forces acid into the esophagus.
- ✓ Don’t exercise immediately after eating. Exercise using abdominal muscles causes increased abdominal pressure and therefore greater pressure on the lower esophageal valve.
- ✓ Don’t eat before bedtime. Stop eating at least two hours before you go to bed. Don’t lie down for an hour after eating. Gravity helps keep the acid in the stomach and prevents reflux.
- ✓ For severe heartburn, elevate the head of your bed with blocks of 4-6” to prevent night time heartburn.

What Causes Reflux?

Reflux happens when stomach acid or bile flows backwards into the esophagus. Normally, the lower esophageal sphincter, a band of muscle between the esophagus and stomach, relaxes just long enough to allow food and liquid to pass into the stomach. Once food has passed through, the sphincter tightens again to prevent food or stomach acid from backing up into the esophagus. If this sphincter or valve weakens or relaxes abnormally, it can lead to GERD.

When It’s Time To Consult Your Doctor

Everyone has experienced acid reflux or heartburn at one time or another. However, if you are experiencing symptoms more than twice a week or have digestive issues that interfere with the quality of your life, you should consult a gastroenterologist.

What Are The Symptoms?

The sign and symptoms of GERD can vary from person to person. The most common complaint is a burning or tightness sensation in the chest that may spread along the throat. Others experience regurgitation, along with

a sour or bitter taste in the mouth. Difficulty swallowing, a sore throat, coughing or repeatedly needing to clear the throat, can also be symptoms of GERD.

Seek immediate medical attention if you experience chest pain, especially if you have other signs and symptoms, such as shortness of breath or jaw or arm pain. These may be symptoms of a heart attack.

How is GERD Diagnosed?

An upper endoscopy (EGD), performed by a gastroenterologist, is a common way to evaluate GERD. The EGD is a sedated procedure that passes a flexible tube through the mouth and throat that enables the gastroenterologist to evaluate the inner lining of the esophagus. During the endoscopy, your doctor may take a small sample of tissue to be examined by a laboratory.

What Treatments Are Available?

Treatment options for GERD include lifestyle changes, over-the-counter or prescription medicines and surgery. Medicines can help to reduce symptoms and suppress stomach acids. Surgery can improve the barrier between the stomach and esophagus to prevent acid reflux.

This information was prepared by PA GI – Pennsylvania Gastroenterology for patient education and information. This information is intended only to provide general information and not as a definitive basis for diagnosis or treatment. If you have any questions, please consult with your doctor.



Patient
Centered
Care Of
Digestive
Disorders