

# **SPECIALIST SURGEONS**

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# **UNDERSTANDING HEARTBURN & REFLUX DISEASE**

#### **INTRODUCTION**

Reflux disease, sometimes called GORD or reflux oesophagitis, happens when the muscle at the base of the oesophagus opens up at the wrong time and allows the contents of the stomach to splash up into the oesophagus. When these acidic stomach juices come into contact with the sensitive lining of the oesophagus a burning sensation may result. Heartburn and an "acid mouth" are other symptoms of reflux disease. However, many people consider these sensations normal and may not seek medical help.

#### THE MUSCLE THAT ACTS LIKE A VALVE

The oesophagus is the long muscular tube in the chest area that connects the mouth to the stomach. In the lower part of the oesophagus, just above the stomach, there is a strong, ring-like muscle, that acts like a valve. This muscle tightens to keep stomach contents from moving back up into the oesophagus. In this one-way system, the oesophagus is sealed off from the stomach except during swallowing, burping or vomiting. Then the muscle relaxes just enough to open and allow food into the stomach. Pressure on the muscle determines whether it will open or stay closed. Increased pressure keeps the muscle tight and protects the oesophagus from the stomach's acidic juices. Less pressure permits the muscle to relax and open. Remember, reflux disease occurs when this muscle relaxes and opens at the wrong time, allowing stomach contents to move back up into the oesophagus for prolonged periods. Several things can make reflux symptoms worse. Smoking and drinking coffee are two major contributors to irritation and should be limited. In addition, if juices (eg tomato, orange, grapefruit and pineapple) cause symptoms, it may help to reduce the amount you drink. Physical activity, like bending over and lying down can also increase symptoms of reflux disease, especially after eating. Pressure on the abdomen, common in those who wear tight-fitting clothing or are overweight, or in women who are pregnant, can often lead to increased irritation.

Things that cause The "valve" to open more and make you feel bad:	Fried, fatty or spicy foods Whole milk Chocolate	Peppermint/Spearmint Alcoholic beverages Cigarette smoking Lying on your side Sitting
Things that irritate the oesophagus and may worsen the symptoms	Citrus juices: grapefruit, orange, pineapple	Coffee Soft drinks – containing caffeine
Things that cause the valve to close more and make you feel better:	Foods high in protein Carbohydrates Calcium Non-fat milk	

#### SYMPTOMS TO WATCH FOR

Heartburn, the most common symptom of reflux, is a burning sensation or pain that travels upward from the stomach. Heartburn often occurs after meals and can be brought on by eating fried, fatty, or spicy foods. Another common symptom of reflux is an acidic or bitter taste in the mouth caused by a back flow of stomach acid or food. This usually happens within 1 or 2 hours after eating. Both of these reactions can become worse if you lie down. Less common symptoms of reflux are chest pain and a salty-tasting fluid in the mouth.

#### COMPLICATIONS YOU NEED TO KNOW ABOUT

Chronic reflux can cause secondary problems such as difficulty in swallowing, hoarseness or laryngitis that won't go away as well as damage to the vocal cords. Reflux can also cause or worsen respiratory problems eg asthma and recurrent pneumonia – particularly if stomach contents get into the airways. However uncomfortable it might be, reflux disease is usually a mild disease that is rarely life-threatening. However, complications can develop when a person is not effectively treated. These can include bleeding or ulcers in the oesophagus and, in a few cases, an actual narrowing of the oesophagus itself. This may lead to difficulty in swallowing and food being caught in the narrowed opening. Chronic reflux may also be associated with Barrett's oesophagus, a condition that may lead to cancer.

#### **TREATMENT CAN BE VERY EFFECTIVE**

The goals of treatment are to control symptoms, speed healing of any damage and minimize recurrence and complications. The three phases of treatment are: (1) Lifestyle adjustment; (2) medication; (3) surgery. Most often phases 1 and 2 are so effective that phase 3 is not required.

#### PHASE 1 – Lifestyle adjustment

Most people with reflux disease can be effectively treated with a combination of lifestyle adjustment and antacids. Regardless of other treatment methods, lifestyle adjustment is perhaps the most important. This is something that only **you** can do to make yourself feel better.

Besides taking antacids, as directed by your doctor, making adjustments in your diet is necessary for Phase 1 treatment. You should eat small meals that are high in protein and low in fat. Its best to eat at equal intervals throughout the day and to not eat anything 3 hours before bedtime. Foods to avoid include chocolate, peppermint and spearmint, alcohol, caffeine, citrus fruits, whole milk and tomato-based products.

It has also been shown that losing weight can have a dramatic effect on reducing reflux oesophagitis symptoms since it lessens pressure on the abdomen. Avoid tight-fitting clothing and activities that increase abdominal pressure. Smoking should be avoided altogether.

Elevating the head of the bed 6-8 inches has been shown to reduce the amount of acid that splashes up into the oesophagus. Use blocks under the head instead of pillows, as pillows may change position during the night. A foam wedge may also be helpful – especially if you sleep on a waterbed.

Some medications can worsen the symptoms of reflux disease. Tell your doctor about any medications you may be taking. He or she can determine if there is a problem.

#### PHASE 2 – Medication

Phase 2 treatment is the next step for those who don't respond to lifestyle adjustment and antacid use. Your doctor may prescribe an H2 receptor antagonist. Such medications help reduce the amount of acid that is released, causing less irritation. Its important that you follow all dosage instructions and continue to take the prescribed medication until its finished, even though you may feel better in a day or so.

#### PHASE 3 – Surgery

Despite the fact that phase 1 & 2 treatments can be very effective in treating reflux disease approximately 5 - 10 % of patients with the most severe condition eventually require surgery. Phase 3 treatment needs to be considered when medication therapy fails to reduce symptoms, when complications eg haemorrhaging need to be prevented, or when reflux disease contributes to pulmonary (lung) disease.

#### **KEEPING THINGS IN PERSPECTIVE**

Reflux disease can be a chronic problem, but its important to keep things in perspective. Although the disease is seldom life-threatening it can be a very painful problem. However, the majority of people are effectively treated through lifestyle adjustment and medication. Only if these measures fail does surgery become necessary. Maintaining a positive mental attitude, working with your doctor and following his or her treatment advice can be the "best medicine" for reflux disease.

#### WHAT CAN YOU DO TO CONTROL REFLUX DISEASE?

- \* Avoid foods that are fried, fatty and spicy;
- Avoid chocolate, peppermint and spearmint, caffeine, alcohol, citrus fruits, tomato- based foods and whole milk;
- Eat small meals high in protein and carbohydrates;
- Avoid eating for 3 hours before bedtime;
- Lose weight, if needed;
- Avoid wearing tight-fitting clothing;
- Avoid activities that increase pressure on the abdomen eg lying on your side or bending;
- Elevate the head of your bed about 6-8 inches with blocks;
- Cut down or quit smoking ;
- Avoid or reduce use of alcohol
- Take antacids as directed by your physician.
- An exercise program is beneficial i.e. brisk walking