

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

NOLENSVILLE FAMILY MEDICINE
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BASIC INFORMATION

DESCRIPTION

A condition that occurs when acids from the stomach move backward (reflux) into the esophagus (the food pipe that carries food from the mouth to the stomach).

FREQUENT SIGNS AND SYMPTOMS

- Persistent heartburn (stomach acid touches the lining of the esophagus and causes a burning sensation in the chest). You can have GERD without having heartburn.
- Regurgitation (acid can be tasted in the back of the mouth).
- Hoarseness in the morning.
- Difficulty swallowing.
- Feels like you have food stuck in your throat, like you are choking, or your throat is tight.
- Dry cough and bad breath.
- Excessive clearing of the throat.
- Burning in the mouth.
- Infants and children may have repeated vomiting, coughing, and other respiratory (lung) problems. Most babies grow out of GERD by their first birthday.

CAUSES

The problem occurs when the lower esophageal sphincter (LES) does not close properly. This allows stomach contents to leak back, or reflux, into the esophagus. The LES is a ring of muscle at the bottom of the esophagus. It acts like a valve between the esophagus and stomach. It is unknown why people get GERD.

RISK INCREASES WITH

- Hiatal hernia may contribute. It occurs when part of the stomach protrudes into the diaphragm (the muscle wall that separates the stomach from the chest).
- Alcohol use.
- Overweight.
- Pregnancy.
- Smoking.
- Certain foods can trigger symptoms (chocolate, caffeine, fatty and fried foods, garlic, onions, mint, spicy foods, spaghetti, chili, pizza, and citrus fruits).

PREVENTIVE MEASURES

Follow steps listed in treatment section.

EXPECTED OUTCOMES

Symptoms can be improved with treatment. GERD may come and go for weeks or months, or it may persist.

POSSIBLE COMPLICATIONS

- Inflammation of the esophagus (esophagitis).
- Ulcers.
- Scars from tissue damage narrow the esophagus.
- Barrett's esophagus (disorder that can lead to cancer).
- Erosion or weakening of the teeth.
- Asthma, chronic cough, and pulmonary fibrosis may be aggravated or even caused by GERD.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and ask questions about your symptoms, diet, and activities. Medical tests may be done at this time or after simple treatment measures are tried.
- Treatment will depend on how severe your GERD is. It may involve lifestyle changes, drugs, further medical testing, or surgery.
- Lifestyle changes:
 - If you smoke, stop. Find a plan that works for you.
 - Make changes in your diet.
 - Wear loose-fitting clothes.
 - Avoid lying down for 3 hours after a meal.
 - Raise the head of your bed 6 to 8 inches by putting blocks of wood under the bedposts.
- If lifestyle changes and drugs don't help, one or more medical tests may be done to check for other problems:
 - Barium swallow (a type of x-ray).
 - Endoscopy. A thin, flexible plastic tube with a tiny camera is used to see inside the esophagus.
 - A device may be inserted into the esophagus that measures acid reflux. The device remains for 24 or 48 hours while you go about your regular activities.
- Surgery is a treatment option when drugs and lifestyle changes do not work. Surgery may also be a reasonable alternative to a lifetime of drugs and discomfort.

MEDICATIONS

Nonprescription antacids, or drugs that stop acid production or help the muscles that empty your stomach may be prescribed. Combinations of these drugs may help control symptoms. Your health care provider will help you decide which ones will work best for you.

ACTIVITY

No limits.

DIET

Do not drink alcohol. Lose weight, if needed. Eat small meals. Avoid the foods that trigger symptoms.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of GERD.
- Symptoms continue despite treatment.

Special notes:

More notes on the back of this page