

ULCER, PEPTIC

(Duodenal Ulcer; Gastric Ulcer)



BASIC INFORMATION

DESCRIPTION

An ulcer is a sore in the gastrointestinal tract. Ulcers that form in the upper part of the small intestine are duodenal ulcers. They are the most common type. Ulcers that form in the stomach are called gastric ulcers. They are less common. Ulcers can affect all ages.

FREQUENT SIGNS AND SYMPTOMS

- Pain in the upper abdomen, or sometimes, the lower chest. It may be a burning, boring, or gnawing feeling that lasts 30 minutes to 3 hours. It may be worse before or after eating. It often awakens a person during the night. The pain may come and go. Weeks of off and on pain may alternate with short, pain-free periods.
- Pain is temporarily relieved with use of antacids.
- Appetite loss and weight loss. With duodenal, it may be weight gain, as person eats more to ease discomfort.
- Vomiting (sometimes may contain blood).
- Blood in the stool.

CAUSES

- Almost all ulcers are caused by either an infection with *Helicobacter pylori* bacteria or nonsteroidal anti-inflammatory drugs. *Helicobacter pylori* bacteria is present in many healthy people. Why it causes ulcers in some is unknown.
- Ulcers are not caused by stress, or anxiety or eating spicy foods, although they may aggravate existing ulcers.

RISK INCREASES WITH

- Family history of ulcers.
- Elderly.
- Smoking.
- Excess alcohol use (possibly).
- Use of nonsteroidal anti-inflammatory drugs (e.g., aspirin).
- Type-O blood (for duodenal ulcers).

PREVENTIVE MEASURES

Avoid as many risk factors as possible.

EXPECTED OUTCOMES

Usually curable with treatment, but relapses can occur.

POSSIBLE COMPLICATIONS

- Perforation. This is an erosion of the ulcer through the intestinal wall. It can cause infection or bleeding into the abdomen.
- Bleeding into the intestine.
- Anemia from blood loss.
- Duodenal ulcers are almost always benign, while gastric ulcers may rarely become malignant.
- Intestinal obstruction.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and ask about your symptoms and activities. Medical tests may include blood studies, gastrointestinal tract studies, and a test to check for *Helicobacter pylori*.
- Treatment is with drugs and sometimes, life-style changes.
- Discontinue the use of aspirin or nonsteroidal anti-inflammatory drugs. Use acetaminophen instead.
- Quit smoking. Find a way to stop that works for you.
- If you drink alcohol heavily, stop or cut down.
- If stress is a problem, learn ways to help you cope.
- Hospital care may be needed for complications such as bleeding ulcer or severe perforation or obstruction.
- Surgery for some patients for complications or if drug treatment is not effective.
- To learn more: National Digestive Diseases Information Clearinghouse, 2 Information Way, Bethesda, MD 20892, (800) 891-5389; website: www.digestive.niddk.nih.gov.

MEDICATIONS

- Your health care provider may prescribe:
 - Antibiotics to treat the *Helicobacter pylori* infection.
 - Antacids to help neutralize excess stomach acid.
 - H-2 blockers or proton pump inhibitors to reduce stomach acid. Long-term therapy may be required for some patients.
 - Drugs to coat and protect the lining of the stomach and the duodenum.

ACTIVITY

No limits.

DIET

- Eat small, healthy meals on a regular scheduled.
- Avoid foods that bring on pain.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of an ulcer.
- Vomiting occurs that is bloody or looks like coffee grounds, or stool is bloody, black, or tarry-looking.
- You feel weak, tired, have pale skin, or back pain.

Special notes:

More notes on the back of this page