

GASTRO-ESOPHAGEAL REFLUX DISEASE

Acid reflux is very annoying. Typically an hour or so after eating, you feel acid going up your throat. As we get older the 'valve' fails to hold the acid contents within the confines of the stomach. Hint: we don't have to eat as much as we get older!

A lot of people with a hiatal hernia also have reflux. A hiatal hernia involves the area where the esophagus connects to the stomach (the gastrum). Part of the stomach then 'herniates', or pushes through the opening where only the esophagus should be. Because the area that contains the "valve" between the stomach and the esophagus is loose, the valve improperly lets acid contents up into the esophagus where it shouldn't be.

Besides the fact that GERD causes

discomfort, over the years two other problems may develop. One is difficulty swallowing. This occurs when acid causes scarring and narrowing of an area of the esophagus. The second is that acid coming up your throat may weaken the body's defenses against esophageal cancer. For these reasons, if you have been having reflux for a too long a time, we may send you to a gastrointestinal (Gl) specialist who will look down your esophagus with a fiber optic scope.

Although there are good medicines to treat reflux, much of reflux can be treated with careful attention to what you eat and when you eat it. Bigger meals should only be eaten early in the day with no lying down afterwards, since the acid, which is liquid, flows into the esophagus and throat most easily when you lay down. Sleep also relaxes the 'valve', so sleeping after a big meal is also not good for GERD.

You probably already figured out that alcohol, caffeine and chocolate worsens your GERD. Just like overfilling a balloon causes more pressure buildup, a bigger stomach is more likely to reflux acid, so eating smaller meals helps reduce reflux!

Since this is a physical problem with the valve, why not

just fix it? There <u>are</u> surgeries for this, both open and laparoscopic. The results

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really depend on creating a very delicate and precise valve. A little extra scarring (something the surgeon can't totally control) could make the difference between a good result

> and a worsening of the situation. The recovery also frequently involves a lot of bloating and other intestinal problems.

PPIs (proton pump inhibitors) seem to be the most effective drugs and are over the counter without prescription (save the last one here). They include: omeprazole (Prilosec), lansoprazole (Prevacid), esomeprazole (Nexium), rabeprazole (Aciphex), and dexlansoprazole (Dexilant). We have a comfort level with long term use of these even though there has always been some concern that we are altering the natural balance of bacteria and possibly predisposing to cancer (a fear that has not proven valid over the past

20 years). Good old traditional antacids like Tums, Maalox and Mylanta neutralize the acid in the stomach and for many do the job well at a cheaper price point. Histamine receptor antagonists like cimetidine (Tagamet), famotidine (Pepcid), ranitidine (Zantac) and nizatadine (Axid) also decrease the amount of acidity in the stomach. Sucralfate (Carafate) coats the lining of the stomach and protects it.

Until your reflux is a whole lot better, you must remember to take the medicines as directed. Taking them only when you can feel a problem may be insufficient to prevent logterm scarring or other complications.

Since medications never really fix the problem, why put chemicals in your body when maybe all you need to do is eat less, or avoid certain foods? Even skipping an evening meal for some may seem more desirable than daily medication or surgery.

Remember that exercise is a great way to reduce stress, encourage cardiovascular health and assist healthy digestion. Perhaps we get reflux as we get older as a reminder to eat healthier foods in lesser quantities and to exercise more. Now that's food for thought! Good luck, and do let us know if none of your treatments seem to be

> working so that we can arrange for appropriate referrals or treatments. revised tsg 2017

