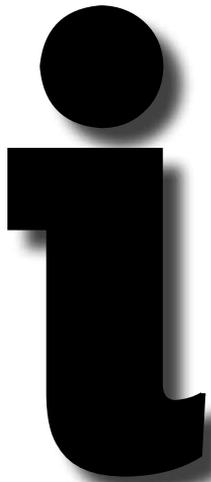


# Heartburn and Gastro-oesophageal Reflux (page 1 of 4)

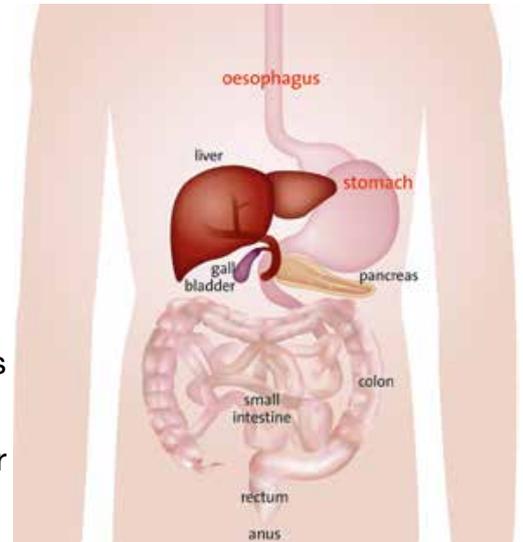


## What is reflux?

When you have something to eat or drink, it passes down the oesophagus (gullet) into the stomach.

Reflux occurs when whatever happens to be in your stomach, travels back up into the oesophagus. Unlike vomiting, which is quite a violent activity, reflux mostly occurs without us being aware it is happening.

There is a ring of muscle around the lower end of the oesophagus which is there to stop reflux. When we eat or drink, the muscle relaxes but it then tightens up when we have finished. If the muscular ring gets too slack, reflux can occur.



## Does reflux always cause symptoms?

Certainly not. Most of us have a little reflux from time to time, but we don't realise this. However, if reflux happens more often than normal, this may lead to symptoms developing.

## What symptoms might I expect?

The most frequent symptom is heartburn which is a burning sensation in the chest.

Run your hand down your breastbone. Heartburn is often most noticed at the lowest end of the bone and the discomfort rises upwards to an varying extent from person to person. Sometimes the burning feeling can reach the throat.

Heartburn often seems worse after rich meals, citrus fruits, hot drinks or alcohol.

Occasionally it can be felt deeply within the chest – almost within the back. Some people notice reflux when some of the contents of their stomach 'repeat' by coming back up the oesophagus as far as the throat or even the mouth. A few people notice discomfort or pain as they swallow. It is quite common for these symptoms to be worse at night or at other times when they lie down.

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

## What is oesophagitis?

Sometimes, even in people who have quite marked symptoms, the oesophagus may look entirely normal. However, some patients can develop oesophagitis. Whenever you see a medical term ending in '-itis', this means inflammation.

When inflammation occurs, it suggests that there is damage to that part of the body. Quite simply, oesophagitis means inflammation within the oesophagus. The lining of the oesophagus looks red and sore. If the inflammation is severe, ulcers can form. The commonest cause of oesophagitis is reflux of acid from the stomach.

## How does reflux cause oesophagitis?

The stomach makes acid which helps start off digestion by mixing with whatever we have to eat or drink. The acid is very strong so if it refluxes in sufficient quantities and often enough, it will begin to cause damage to the lining of the oesophagus. At first the lining may just appear rather more red than normal. Later on the lining of the oesophagus may begin to wear away and, in severe cases, an ulcer may form.

## Should I see my doctor?

Heartburn is very common. Most people who have symptoms can help themselves by being sensible about what they eat and drink. Taking antacids or other indigestion remedies helps too. If these do not work or if you are worried, speak to your GP. It is also wise to consult your doctor if you have symptoms that don't seem to settle down.

You should definitely see your doctor if you are having trouble swallowing and food seems to get stuck on its way down.

## Why am I getting reflux?

In many cases it is not known why people get reflux. Some people seem prone to it – especially those who smoke, drink excess alcohol, put on weight or are pregnant. Wearing tight clothes, stooping or bending forwards and eating rich, fatty foods all seem to increase the tendency to reflux.

There are people who seem to lead healthy lives and have none of the above 'risk factors' yet experience troublesome symptoms. It is quite common for people to develop symptoms as a result of reflux, when there are no signs of oesophagitis. Doctors believe that, in such cases, the lining of the oesophagus is unusually sensitive to reflux of acid.

## Will I need tests?

A doctor may diagnose reflux just by listening to your symptoms and may treat you without the need for tests. If in doubt, or if the treatment does not work well, further investigations may be arranged.

## What tests can I expect?

The first investigation doctors usually suggest if they suspect reflux oesophagitis, is endoscopy. This involves passing a thin, flexible tube with a tiny camera on its end, through the mouth and

down into your oesophagus. This clearly shows your oesophagus and stomach and whether there are signs of inflammation. Although it sounds unpleasant, any discomfort will be minimised. Occasionally some specialists may choose to measure the amount of acid you are refluxing, by measuring the amount of acid in your oesophagus over a 24-hour period using a very narrow tube passed through the nose.

## What if I do not want an endoscopy?

You do not have to have tests, although it is reasonable for the doctor to explain why it is important that you do so. An alternative to an endoscopy is the barium meal test which will show up your oesophagus and stomach on x-ray. It gives less information than endoscopy but is good at showing up whether you have a hiatus hernia or whether your oesophagus is narrowed. It is helpful to know that up to half of all patients with reflux symptoms often have only mild inflammation or a normal oesophagus.

## Does it matter if I have a hiatus hernia?

Not really. Instead of staying entirely in the belly as it should do, it is possible for part of the stomach to slide upwards into the chest. It does this by pushing itself through a hole (called the hiatus) in the diaphragm muscle.

The hernia itself rarely causes any symptoms but it does seem to make reflux more likely. Do note:

- that hiatus hernia is very common,
- that you can have reflux without one,
- that many people who have one, do not get reflux.

## So what is the best treatment for reflux symptoms?

Because the severity of the condition varies from being an occasional nuisance for some, others are quite seriously troubled, so the intensity of treatment varies from one person to another. There may well be changes in your lifestyle that you can make to help. There are also medicines – either bought over the counter or prescribed by your doctor – that can help your symptoms.

## How can I help myself?

Your symptoms are likely to lessen if you take measures to reduce the amount of reflux you have. Avoid eating large, rich meals – especially late in the evening. Eat little but more often if necessary. If you are carrying extra pounds, losing weight is usually very helpful. Cut down on alcohol and stop smoking. Try to eat earlier in the evening to avoid going to bed with a full stomach. It may help to prop up the head of the bed. Try to avoid bending forward or wearing tight clothes as this can put extra pressure on your tummy. There are a variety of useful medicines that you can buy. Many contain antacids which neutralize the acid in your stomach. Ask your pharmacist for advice about medicines that help reflux symptoms.

## How can the doctor help?

If your symptoms are mild, your doctor may suggest you follow the above advice. If this does not work or your symptoms are more troublesome, they will probably prescribe a medicine for you.

Fortunately there is a wide variety of medicines that relieve the amount of acid you have. These vary in strength but there is a drug that is both very safe and really effective for most people.

## Will I need treatment forever?

Many people find their symptoms improve greatly if they change their lifestyle to reduce reflux. Others may need to take medicines from time to time if their symptoms return. Some need to take medication most of the time. There is a small number of people for whom drug treatment is not suitable for one reason or another so surgery may be considered.

## Is reflux oesophagitis ever serious?

For most people, reflux is just a nuisance. In a few people, especially where there is severe inflammation of the oesophagus, there is a risk of complications which can include internal bleeding and narrowing of the gullet. If you are worried about these complications, it is best to have a chat with your doctor.

## What research is needed?

We don't really understand why reflux happens so commonly and why some patients seem to have such unpleasant symptoms. Although treatment is effective, many patients notice their symptoms return soon after stopping their medicines. Research continues to find a possible cure for reflux.

With acknowledgements to Core – the Digestive Disorders Foundation in association with the British Society of Gastroenterology and the Primary Care Society for Gastroenterology

## CORE

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