

## Introduction

The condition of gastroesophageal reflux is one of the most common problems seen in gastroenterology. Most cases can be successfully treated with medicines and other maneuvers. Your thorough understanding of the treatment is required. In this condition, the lower portion of the esophagus (the swallowing tube from the mouth to the stomach) is irritated or even damaged by strong stomach secretions. The most common symptom is "heartburn"-an uncomfortable burning beneath the sternum or breast bone.

A hiatal hernia is a condition where the top of the stomach moves up above the diaphragm (behind the heart). The hiatal hernia itself is usually not the problem because some people have hiatal hernias and do not have abnormal reflux while others have reflux esophagitis and do not have a hiatal hernia. Reflux esophagitis requires medical help not only because of symptoms but because troublesome complications may develop as well.

Certain foods and being overweight can make the symptoms worse and can cause heartburn even in people who don't have reflux disease.

If left untreated, it is possible for reflux to progress and to cause serious complications such as difficulty swallowing, cough, hoarseness, and bleeding.

## Treatment

Treatment is usually a long-term process. Dr. Rodriguez may identify factors and situations that make your symptoms worse and may suggest ways to avoid these.

When you're lying down, it is easier for stomach contents to reflux back into the esophagus and it will take longer for acid, etc. to drain back into your stomach. Because of this, special attention must be paid to the sleep period. This is the reason for the first two principles:

- 1) Elevate the head of the bed 6-8 inches by using bricks or blocks. Elevation of your head with pillows alone is not effective.



- 2) Avoid bedtime snacks.  
This causes an outpouring of gastric secretions which is highly undesirable just after lying down. It would be best to eat nothing within 3 hours of retiring.
- 3) Stop smoking.  
Now is the time. Smoking has been demonstrated to impair healing of stomach damage. Continued use of cigarettes may render even the latest medical treatments ineffective.
- 4) Weight loss  
To normal weight may be helpful in improving symptoms. Do this intelligently and combine a nutritious diet with realistic exercising.
- 5) Avoid tight constricting garments about the abdomen.
- 6) Avoidance of the following foods may be beneficial:
  - a. Coffee
  - b. Orange juice
  - c. Spicy tomato products
  - d. Fat
  - e. Alcohol
  - f. Caffeine
- 7) Measures to control acid

Liquid antacids should be taken at one hour and three hours after meals and at bedtime (total of seven doses per day). Antacid tablets are not quite as effective. You should always have antacids available in your home. Once the symptoms are controlled, you may be able to decrease the dosage. Discuss this with your doctor. Occasionally the

antacids may cause loose stools; if this becomes a problem, Dr. Rodriguez can help you solve it.

- b. Over-the-counter (OTC) H<sub>2</sub>-blockers  
For example: Tagamet, Pepcid AC, Zantac; these medications cause a slight reduction in gastric acid secretion and are of value to relieve the symptom of heartburn. They can also be of benefit if taken in circumstances in which heartburn might be anticipated, in that they can prevent the development of symptoms. These drugs are safe, effective, and can be used long-term, as necessary, with good clinical benefit.

## What If Symptoms Persist?

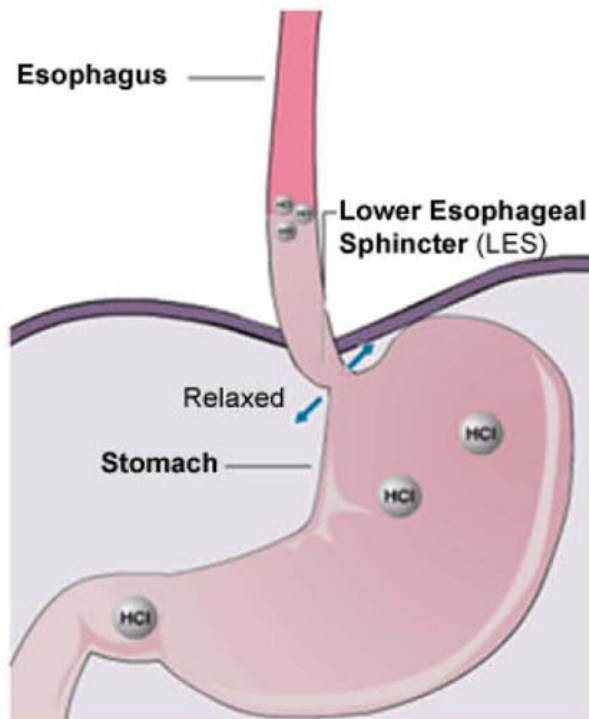
For some patients, symptoms may persist despite the above measures and these patients should consult their physicians who may prescribe full-dose H<sub>2</sub> blockers which are more powerful in suppressing acid secretion than the OTC dosage and result in significant symptom relief.

There are more powerful drugs called proton pump inhibitors that can also be prescribed. These agents take away about 90% of the 24 hour acid output of the stomach and, although expensive, they are the most effective drugs to relieve symptoms and to promote healing of the mucosal inflammation, at present.

For all patients, reflux is a chronic problem since the mechanisms that led to the reflux in the first place are usually persistent and, therefore, the majority of patients will require either long-term or intermittent therapy.

## Is Surgery Ever an Option?

In a minority of patients whose symptoms cannot be controlled by medical means or patients with complications of reflux such as stricture or ulceration and bleeding, then surgery may be necessary. In these circumstances, the surgeon tightens the valve between the stomach and esophagus and this can provide long-lasting relief of symptoms, without need for medication.



**HCl** = stomach gastric acid

1. The LES lacks necessary muscle tone to close completely between swallows.
2. Stomach contractions are not strong enough to push contents forward into the small intestine, and stomach emptying is delayed.
3. Occasionally, the pyloric sphincter fails to close properly, allowing bile from the small intestine to back up into the stomach (and esophagus).



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# GERD

## GASTROESOPHAGEAL REFLUX



**SCOTT AND WHITE**