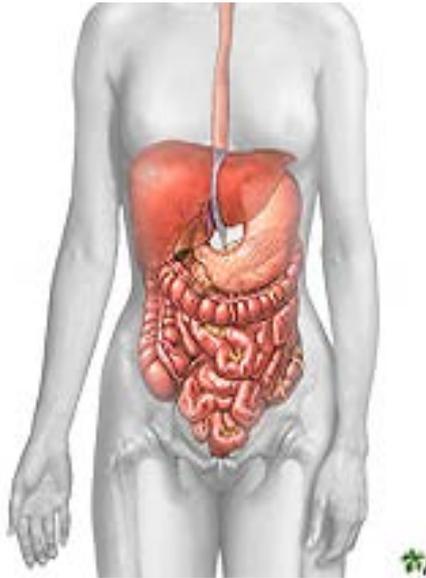


**Community Endoscopy Service**  
**Gastro-oesophagol Reflux Disease**  
**'Heartburn'**



**What causes heartburn?**

When everything goes smoothly, food and drink travels in one direction only. Even between meals you will swallow occasionally, providing a steady flow of saliva, which helps to protect the lining of the oesophagus. However, digestive juices from the stomach can sometimes flow the wrong way and this is called 'reflux'. When gastric juices get up into the oesophagus, the acid causes a sharp burning sensation commonly called 'heartburn'. This doesn't affect the heart at all but the pain seems to come from the same area. Reflux happens if gastric juice is forced up through the lower oesophageal sphincter (LOS). This can be the result of unusual pressure from below. For example pregnant women may experience reflux as the womb grows and pushes against the stomach. If you are overweight, a similar thing may happen, perhaps when bending over. A large meal could cause reflux in anyone. In some people the valve (the LOS) stops working properly. This allows gastric juice to escape easily. If reflux happens often enough, the oesophagus becomes damaged and inflamed and the 'heartburn' is more painful. This condition is called Reflux Oesophagitis or Gastro- oesophageal reflux disease (GORD).

### **Symptoms of reflux oesophagitis**

- Heartburn
- Regurgitation (gastric juice reaches the mouth)
- Swallowing discomfort (because oesophagus is damaged)

### **Symptoms of more severe reflux**

- Frequent regurgitation (often when bending or stooping)
- Food lodging in the lower oesophagus (the food just won't go down)
- Burning pain on swallowing (particularly with hot drinks)

### **Symptoms which may have a more serious cause**

If you have any of the following you should see a doctor:

- Heartburn or chest pain for the first time if you are over 45 years old
- Painful or difficulty swallowing
- Unexplained weight loss
- Anaemia (low iron levels in the blood causing tiredness, weakness and loss of colour)
- Vomit containing blood
- Attacks of choking

### **What you can do to reduce the problem of reflux**

- Cut down on alcohol and do not drink on an empty stomach (for men 28 units and women 14 units per week are thought to be harmless but any alcohol may irritate an inflamed oesophagus: 1 unit = half pint of beer *or* a small glass of wine)
- Stop smoking
- Exercise every day—a brisk 20 minute walk at least (if you need medical advice about taking exercise, ask your doctor)
- Eat smaller meals, taking time to chew your food before swallowing
- Avoid large meals late at night
- Diet and exercise if you are overweight
- Avoid spicy food, acidic food and caffeine (e.g. coffee, tea, fizzy drinks)
- Raise the head-end of your bed by about 10 cm (4 inches)

### **What treatments are available?**

#### **Antacids**

You can ask your pharmacist to recommend a suitable antacid. These chalky liquids quickly relieve heartburn and are good to have in reserve. If reflux continues to be painful or happens more than once a month you should see your doctor for advice.

#### **Acid-reducing drugs**

There are two main types of acid reducing drugs available on prescription. Histamine antagonists reduce the amount of acid that the stomach produces and is available from your pharmacist, (chemist), or doctor. Proton pump inhibitors switch off the production of acid and are only available from the doctor.

**Other Medicines**

There are other medicines, available from your pharmacist or doctor which are designed to form a protective barrier between the gastric juices and the oesophagus. Some form of raft, which can reduce reflux whilst the body is in an upright position. Some drugs are thought to provide a protective coating in the walls of the oesophagus. Others alter the way in which the muscles of the digestive tract contract. In reflux, they may improve the performance of the muscles and speed up the normal stomach emptying process.

**Surgery**

Swallowing difficulties may occur because the oesophagus has a constriction. This can be relieved by inserting a small balloon which is then inflated to stretch the affected part of the oesophagus. The junction of the stomach and oesophagus can also be altered by surgery, but this is usually reserved for very severe cases, especially in young patients who would otherwise need a lifetime's drug treatment.