Additional Notes

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NHS
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Gastric and Duodenal Ulcers

Endoscopy Department

Patient information

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What is an ulcer?

An ulcer is a damaged area in the lining of the gut, or digestive tract, where tissue beneath has become exposed. Ulcers tend to have the appearance of a crater and may be red and inflamed. While ulcers can occur throughout the digestive tract, from the mouth to the anus, this leaflet focuses on ulcers which are found in the stomach (gastric) and just beyond, in the first part of the small bowel (duodenum). Gastric and duodenal ulcers are collectively referred to as 'peptic' ulcers.

What are the symptoms of a gastric or duodenal ulcer?

Whether the ulcer is gastric or duodenal, the symptoms may be similar. In both cases you may experience pain in the upper abdomen, beneath the breastbone (or sternum). The pain may not be present all the time, and may wake you from sleep. If the ulcer is in the stomach (gastric) you may find that the pain is worse after eating, and that it is eased by taking antacid medicines. Pain related to a duodenal ulcer may feel worse before meals, or when you are hungry, and having something to eat or taking antacid medication may help. In either case, bloating, retching and nausea may be felt, and you may feel rather fuller after meals. Some people with ulcers have very mild symptoms or even none at all.

Further information and advice:

www.patient.co.uk

British Society of Gastroenterology (BSG)

www.bsg.org.uk

A booklet about Helicobacter Pylori is available from the Endoscopy department at:

Royal Bournemouth Hospital: **0300 019 4668**

Poole Hospital: **0300 019 2772**

Gastric and Duodenal Ulcers

What causes a gastric or duodenal ulcer?

Ulcers affect about 1 in 10 people, and are more common as we get older. Traditionally, it was thought that stress and diet might have contributed to ulcers in the stomach and duodenum, but this has not been supported. However, smoking and drinking too much alcohol or caffeine are thought to play a part. The most common cause is a bacteria called Helicobacter Pylori which can affect the lining of the stomach. Medicines such as anti-inflammatory drugs, taken for conditions such as arthritis, are also known to cause ulcers.

Less commonly ulcers may be caused by viruses, or conditions such as Crohn's Disease. In its early stages, stomach cancer may appear in the form of an 'ulcer'. While this is not common, it is important to rule out.

How is an ulcer diagnosed?

Gastric and duodenal ulcers are diagnosed during an endoscopic procedure (Gastroscopy or Enteroscopy). This enables visual examination of the lining of the stomach or duodenum with a thin, flexible camera. If an ulcer is identified, the endoscopist may take a sample (biopsy) to check for possible causes. It may be necessary to repeat this procedure to ensure healing after a course of treatment.

How are gastric and duodenal ulcers treated?

In most cases, where Helicobacter Pylori is identified as the cause, treatment to eradicate the bacteria should allow the ulcer to heal and prevent it from returning. Your GP or endoscopist will prescribe a course of medication for you. This is often referred to as 'triple therapy' because it includes three drugs; two types of antibiotic to fight the infection and one drug to reduce the acid in your stomach to help the antibiotics work. The course lasts for one week. Completing the course will make it more likely that treatment will be successful. If you experience side-effects from the medication, please try to persevere and complete the course. If you are unable to do so, see your GP who may be able to prescribe alternative drugs.

If the ulcer is thought to be associated with medication you have been taking, such as anti-inflammatory drugs, it is advisable to stop taking them, wherever possible. A medication may be prescribed to suppress acid in your stomach and help the ulcer to heal. Your GP or Endoscopist will prescribe the medication which is most suitable for you. This may be continued long term to prevent ulcers returning, especially if it is necessary for you to continue taking anti-inflammatories.

Examples of Acid Suppressing Medication:

- Proton Pump Inhibitors (PPIs) work by blocking the production of stomach acid. These include Omeprazole, Esomeprazole, Lanzoprazole, Pantoprazole and Rabeprazole.
- H2 Receptor Antagonists work by preventing the release of acid into the stomach. These include Cimetidine, Famotidine, Nizatidine and Ranitidine.

You may need to take these medications long term to prevent symptoms occurring.

Lifestyle changes such as stopping smoking and reducing your intake of alcoholic or caffeinated drinks will also help to prevent ulcers developing in the future.

Ulcers that have led to severe complications such as bleeding or perforation require prompt treatment. This can often be achieved under endoscopy, by injecting or clipping the ulcer, or by applying heat with an electrical current to cauterise, which stops bleeding and promotes healing. In some cases, however, radiological or surgical treatment may be necessary.

In cases where ulcers are caused by other medical conditions, including Crohn's Disease or cancer, further investigations and treatment may be required. Your Hospital Consultant will advise and support you.

Can ulcers cause any serious complications?

Rarely, an ulcer in the stomach or duodenum can lead to serious complications such as bleeding or perforation. Bleeding may be hard to detect if the blood is oozing from the ulcer and passing through you; you may notice your stool (or poo) has become black, or like tar (melaena). You may appear pale and feel tired, and blood tests may reveal that you are anaemic. If bleeding is heavy or ongoing it may be more obvious, sometimes leading to vomiting of fresh, red blood (haematemesis). The blood may also work its way through your system as melaena. Severe blood loss can make you feel short of breath, faint, weak, or dizzy, and you may appear pale.

Perforation is the term used when the wall of the stomach or duodenum has a hole made in it by the ulcer; the hole which results can allow food and acid to pass into the abdominal cavity, leading to inflammation, pain, infection and sometimes bleeding. The most common symptoms of a perforated ulcer are pain in the abdomen, which may radiate to the shoulder(s), abdominal swelling, and fever.

Bleeding and perforation are potentially life-threatening emergencies: you should seek medical advice immediately.

Gastric and Duodenal Ulcers