Additional Notes

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Gastro-Oesophageal Reflux Disease (GORD)

Endoscopy Department

This leaflet contains information for patients and carers about Gastro-Oesophageal Reflux Disease (GORD), including Heartburn, Hiatus Hernia and Reflux

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What is Gastro-Oesophageal Reflux Disease (GORD)?

Gastro-Oesophageal Reflux Disease is the term used when acid passes up into the gullet, or oesophagus, from the stomach. This is called 'reflux'. The stomach is lined with cells which produce acid to help digestion. The oesophagus has a different lining and is irritated by acid.

A small amount of reflux is normal, but in some cases it can cause inflammation of the oesophagus (oesophagitis), pain or heartburn. Even when reflux does not cause symptoms that you are aware of, if it is left untreated for a long time, complications can occur (see p6).

What are the symptoms of GORD?

Heartburn is a burning sensation which rises from the upper abdomen upwards through the central chest. It can be severe and may be mistaken for a heart attack in extreme cases.

Other symptoms may include:

- An acid taste in the mouth
- Bloating and / or belching
- A persistent cough

Symptoms tend to be worse after big meals or hot drinks, and last thing at night - especially if you eat late.

It is important to rule out other causes for your symptoms. Some people do not have any symptoms at all.

Gastro-Oesophageal Reflux Disease (GORD)

Your Hospital Consultant or GP will prescribe the medication which is most suitable for you. You may need to take these medications long term to prevent symptoms occurring.

Prokinetic medicines such as metoclopramide and domperidone may be helpful in some cases. These work by promoting the movement of food through the digestive tract. Antacids neutralise acid and can help to relieve heartburn or acid indigestion when it occurs.

They are available in liquid or tablet form and can be purchased easily or obtained on prescription. Preparations such as Gaviscon or Peptac work by forming a floating 'raft' which prevents stomach contents coming into contact with the oesophagus. It is therefore important to follow the instructions and take such preparations once you have finished eating and drinking.

If symptoms are poorly controlled despite medication, surgery may be considered. This involves a 'keyhole' operation to 'tighten' the lower oesophagus to prevent reflux.

Further Information:

www.patient.co.uk and **www.bsg.org.uk**

It is also harder for the sphincter to do its job if pressure in the stomach is increased, for example, by eating too much at one sitting or bending forward or sitting in a slumped position after meals.

Certain foods and drinks can make your symptoms worse, either because they are irritant themselves or because they are thought to relax the lower oesophageal sphincter.

Sometimes medicines may contribute to your symptoms. Some drugs can irritate the oesophagus, such as NSAIDs (non-steroidal anti-inflammatory drugs) and Alendronic Acid. Other drugs can make reflux more likely by relaxing the lower oesophageal sphincter. These include diazepam, theophylline, nitrates and calcium channel blockers such as nifedipine.

Factors which make the symptoms of GORD more likely:

Food and drink	Reason
Citrus fruits and juices Strong spirits (e.g. whisky) Strongly spiced foods Tomato-based foods	Irritant to the oesophagus
Fatty and fried foods	Bulky, more likely to float
Caffeine (tea, coffee, cola, stimulant drinks)	Thought to relax the lower oesophageal sphincter

Lifestyle factors	Reason
Pregnancy Being overweight Eating large meals Bending after meals Hunched posture Tight-fitting belts or clothing	Affect the function of the lower oesophageal sphincter
Eating & Drinking late Sleeping flat	Lying flat with a full stomach makes reflux more likely
Smoking Drinking Alcohol	Thought to relax the lower oesophageal sphincter

How is GORD diagnosed?

Your GP may make a diagnosis if your symptoms are typical of GORD. However, if your symptoms are severe, or do not respond to treatment, certain tests may be required.

Endoscopy (Gastroscopy) is an investigation in which a slim, flexible camera is inserted through the oesophagus and into the stomach. This can help to diagnose inflammation (evidence of reflux) and hiatus hernia.

pH testing can help to measure the acidity in the oesophagus.

Other tests such as chest x-ray and ECG (heart tracing) may be performed to rule out other conditions.

Gastro-Oesophageal Reflux Disease (GORD)

What are the risks of GORD in the long term?

Most people with GORD will not develop any complications in the long term. However, if inflammation is severe and ongoing, a small percentage of people with GORD may go on to develop scarring and narrowing of the oesophagus (stricture), or cell changes in the lining of the gullet (Barrett's Oesophagus) which can slightly increase the risk of oesophageal cancer.

How is GORD treated?

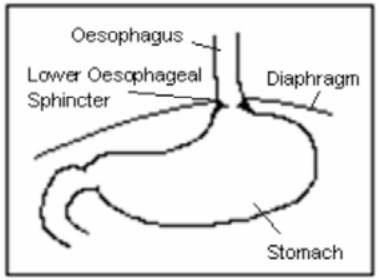
GORD can be treated by addressing the cause, when identified. This may mean making changes to your lifestyle and diet, such as avoiding excess caffeine or alcohol, quitting smoking, eating small regular meals (rather than big portions at one sitting) and raising the head of the bed if you are troubled by reflux at night. Talk to your GP or Hospital Consultant if you are concerned that any of the medicines you are taking may be making your symptoms worse.

Acid Suppressing Medication may be prescribed to reduce the acid in the stomach. This reduces the risk of inflammation when reflux occurs. Examples of these medicines include:

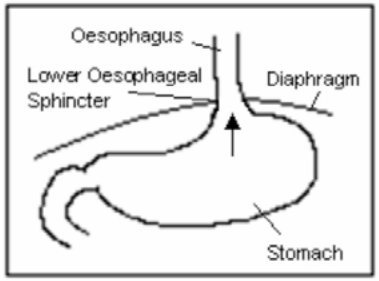
- Proton Pump Inhibitors (PPIs) work by blocking the production of stomach acid. These include Omeprazole, Esomeprazole, Lanzoprazole, Pantoprazole and Rabeprazole.
- H2 Receptor Antagonists work by preventing the release of acid into the stomach. These include Cimetidine, Famotidine, Nizatidine and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

What causes Reflux?

The muscle (or sphincter) at the bottom of the oesophagus prevents stomach contents passing up into the oesophagus.

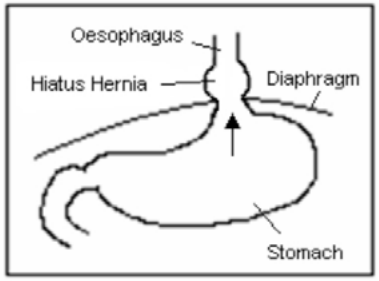


However, if the sphincter becomes weak, stomach contents can pass up into the oesophagus.



What is a hiatus hernia?

The abdominal cavity is separated from the chest by a sheet of muscle called the diaphragm. If part of the top of the stomach rises up into the opening where the oesophagus passes through the diaphragm, this is called a hiatus hernia. Not everyone who has a hiatus hernia suffers from heartburn, but many people who experience heartburn are found at endoscopy to have a hiatus hernia.



What factors contribute to GORD?

Having a hiatus hernia makes it more likely that you will have GORD. A hiatus hernia may happen spontaneously over time, but it is more likely to occur if you are overweight.

Reflux is more likely if the lower oesophageal sphincter becomes weakened or too relaxed. This is common, but is made worse by smoking or drinking too much alcohol.