If you experience side-effects from the medication, please see your GP who may be able to prescribe alternative drugs.

If you are found to have gastritis or an ulcer, treating the Helicobacter Pylori infection will help to promote healing and make it less likely that these problems will return. Please refer to the leaflets “Gastritis” or “Gastric & Duodenal Ulcers” for more information (available in the Endoscopy Department) or visit: **www.patient.co.uk** or **www.bsg.org.uk**

To read this leaflet in a different language, please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets** and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499** or email **uhd.patientexperienceteam@nhs.net**.

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Helicobacter Pylori: The CLO Test

Endoscopy Department

This leaflet contains information for patients and carers about Helicobacter Pylori and the CLO test.

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What is Helicobacter Pylori?

Helicobacter Pylori is a type of bacteria that can live in the sticky fluid that coats the lining of the stomach. Unless it is detected and treated Helicobacter Pylori is usually a life-long infection and can often cause no symptoms at all. However, the bacteria can sometimes weaken the protective mucus coating of the stomach, allowing acid to get through to the sensitive lining beneath. Both the acid and the bacteria can then irritate this sensitive lining causing it to become sore. This is called gastritis (gastric = stomach, -itis = inflammation of). In some cases the lining can be worn away (erosions) and this can lead to the development of an ulcer.

How do people get Helicobacter Pylori?

It is thought that most Helicobacter Pylori infections start in childhood. How the bacterium passes from person to person is not fully understood. It is found in approximately 40% of people in the UK, and is more common in developing countries (affecting up to 90% of the population), where living conditions tend to be more crowded and where access to sanitation is limited. If you are able to practice basic hygiene, it is difficult to 'catch' and unlikely that you will pass it on to another person.

How is Helicobacter Pylori diagnosed?

Your GP can test for Helicobacter Pylori infection by sending a blood or stool (poo) sample for analysis, or by referring you for a breath test. An endoscopy may be necessary if you are having symptoms that might be caused by gastritis or an ulcer.

A blood test is one of the easiest ways of detecting the infection, but it will remain positive for some time even after the bacteria have been eradicated from your system.

A urea breath test can help to detect Helicobacter Pylori and ensure that treatment has been successful. It involves collecting a sample of your breath after you have taken a drink containing urea, and is best performed at least one month after you have finished a course of treatment.

A CLO test is performed during Gastroscopy, an endoscopic investigation of the stomach. A small sample of tissue, or 'biopsy', is taken from the lining of the stomach. The CLO test will be positive if Helicobacter Pylori (a Campylobacter-Like Organism - CLO) is present. It takes about 60 minutes to process and the result is sent to your GP. At gastroscopy, the endoscopist can also check for gastritis or ulcers.

How is Helicobacter Pylori Treated?

If your tests show that you have Helicobacter Pylori, 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 better. The course lasts for one week. It is important that you complete the course as this will make it more likely that treatment will be successful.

Helicobacter Pylori: The CLO Test