



REFLUX

What is GERD?

Gastroesophageal reflux disease, often referred to as GERD, occurs when acid from the stomach backs up into the esophagus. When stomach acid touches the sensitive tissue lining the esophagus, it causes a reaction similar to squirting lemon juice in your eye. This is why GERD is often characterized by the burning sensation known as heartburn.

In some cases, reflux can be “silent”, meaning that the typically associated burning sensation is not present. Almost all individuals will occasionally experience reflux, with a smaller number having the disease (GERD) which occurs when reflux happens over a long period of time.

What is LPR?

During gastroesophageal reflux, the contents of the stomach may reach the level of the upper esophagus, throat and nasal airway. This is known as laryngopharyngeal reflux (LPR). Adults with LPR often complain that the back of their throat has a bitter taste or burning sensation. Another frequently associated symptom, globus sensation, occurs when the individuals feel as though something is “stuck” in the upper throat. Hoarseness, difficulty swallowing, chronic cough, throat clearing and post nasal drip can also be experienced. Many patients with LPR **do not** experience heartburn.

What role does an ear, nose, and throat specialist play in treating LPR?

Patients that have chronic LPR frequently experience issues affecting the upper airway and sinuses that need to be treated by an ENT physician. Such issues include hoarseness, laryngeal nodules, airway narrowing, ear infections, and sinusitis.

How are GERD and LPR diagnosed?

GERD and LPR can be diagnosed or evaluated by physical examination and the patient’s response to a trial of treatment with medication. Other tests that may be needed include an endoscopic examination, biopsy, 24 hour pH probe study, and emptying studies of the stomach. Endoscopic examinations can be performed by your ENT.

How are GERD and LPR treated?

Most people with GERD and/or LPR respond favorably to a combination of lifestyle changes and medication. Medications commonly used include antacids, antihistamines, proton pump inhibitors, pro-motility drugs, and foam barrier medications. Many of these medications are available over-the-counter. For those patients that continue to have symptoms, surgery to tighten up the lower esophagus can be considered.

Many times, the following lifestyle modifications can significantly reduce reflux symptoms:

- Avoid eating/drinking three hours prior to bed
- Reduce consumption of alcohol, caffeine, chocolate, fatty/fried foods
- Wear loose clothing
- Elevate the head of your bed 4-6 inches
- Eat small meals and eat slowly