

Alginates, which form a protective foaming barrier on top of the stomach contents, e.g. Gaviscon, Gastrocote.

Tablets that reduce the amount of acid made in your stomach, e.g. cimetidine, ranitidine, omeprazole, lansoprazole, pantoprazole, rabeprazole and esomeprazole.

Tablets that help your gullet to clear any regurgitated acid and help your stomach to empty more quickly, e.g. metoclopramide, domperidone.

Surgery – In certain patients, an operation may be recommended to construct a new valve (anti-reflux surgery). This may be performed by keyhole surgery.

What are the complications of reflux disease?

Continued exposure of the oesophagus to stomach juices may inflame and damage the lining (reflux oesophagitis).

Oesophagitis may, over time, lead to scarring which may narrow the oesophagus. This may cause difficulty in swallowing. If this occurs, the narrowed area may be stretched during a gastroscopy, thus relieving the symptoms.

Long-standing gastro-oesophageal reflux can cause a change in the nature of the lining of the lower oesophagus, known as Barrett's mucosa.

Glossary of terms

Oesophagus: The oesophagus or gullet is a muscular tube, about 24cm long, which extends from the throat to the stomach.

Reflux: Flow of the stomach contents into the oesophagus.

Lower Oesophageal Sphincter (LOS): Muscular valve at the bottom of the oesophagus that normally retains the stomach contents within the stomach.

Diaphragm: Muscle that separates the abdomen from the chest, used for breathing.

Peristalsis: Muscular action of the oesophagus, which squeezes saliva, food, drink and refluxed acid into the stomach.

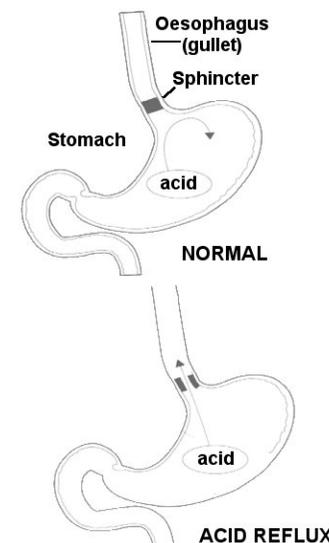
Gastroscopy: Examination of the lining of the oesophagus, stomach and duodenum with a flexible lighted tube.

Reflux Oesophagitis: Inflammation of the lining of the oesophagus caused by increased exposure to stomach juices.

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GI Physiology Practitioners
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Gastro Oesophageal Reflux Disease (GORD)

Information for patients

GI Physiology Practitioners
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What is GORD?

Gastro-Oesophageal Reflux Disease (GORD) is a very common condition. It occurs when there is a weakening of the protective muscular valve (lower oesophageal sphincter) which normally keeps the stomach contents within the stomach. The muscle weakness allows acid juices from the stomach to flow back (reflux) into the oesophagus (gullet). The acid may irritate the oesophagus and give rise to heartburn. It may also flow up to the mouth, known as regurgitation.

What causes GORD?

Normally, the lower oesophageal sphincter muscle relaxes to allow food to pass into the stomach. It closes afterwards, thus allowing only a small amount of stomach acid to flow back up. Any acid that does flow into the oesophagus is quickly cleared back into the stomach by normal muscular action of the oesophagus – peristalsis.

GORD may occur when:

- There is a weakness of the sphincter so that it does not close effectively.
- The sphincter relaxes and opens too often.
- The oesophagus fails to clear refluxed acid back into the stomach.
- The stomach is slow to empty after a meal.
- The upper part of the stomach moves into the chest through an opening in the diaphragm. This is called a *hiatus hernia*. A hiatus hernia can reduce the efficiency of the sphincter.

What are the symptoms of GORD?

Symptoms are many and varied:

Common symptoms are:

- *Heartburn* – a burning pain behind the breastbone.
- *Regurgitation* – stomach contents flowing up into the mouth.
- *Acid-bitter taste* in the mouth.

Other symptoms may include:

- Pain in the chest, neck or jaw.
- Pain in the upper abdomen which radiates through to the back.
- Difficulty or pain with swallowing.
- Coughing/choking/asthma/hoarse voice.
- Tooth erosion, bad breath, sore throat, excess salivation.
- Sensation of a lump in the throat.

How can I help myself?

Simple lifestyle adjustments can make you feel much better.

Stop smoking – nicotine relaxes the sphincter.

Alcohol has a similar effect to smoking. Keep your intake down to recommended levels or less.

Try to keep to your ideal weight – fat in the abdomen can put extra pressure on the sphincter.

Avoid tight clothing – this has the same effect as being overweight.

Stay upright as much as you can. Avoid bending. Bend your knees instead.

Elevate the head of your bed with blocks so that the whole bed slopes. Your oesophagus will then be higher than your stomach during the night (do not use extra pillows).

Eat frequent, small meals which are high in fibre and low in fat. Do not eat large meals, especially late at night.

After meals do not lie down or slump in a chair.

Cut down on those foods which you know make your symptoms worse, for example, spicy foods, fatty foods, chocolate, onions, tea and coffee.

Allow very hot food to cool a little before eating.

Be sparing with citrus fruits and juices and tomato products.

Try to relax. Tension and stress can make reflux worse.

What treatments are available?

You should follow the advice of your doctor, who will recommend treatment specifically for you.

This may include:

Lifestyle advice, as indicated above.

Medical treatment, which may be:

Simple antacids that neutralise the stomach acid, e.g. Rennies, Settlers.