

Gastro- oesophageal Reflux Disease (GORD)

Information and advices for
patients

CSTH Professoraial Surgical Unit

Food passes from the mouth down the oesophagus (gullet) and into the stomach. Food is then digested by acid and other chemicals which are made by cells in the stomach lining. These cells also make mucus to protect the stomach from acid. The cells in the oesophagus are different and they have little protection from acid.

There is a ring of muscle between the oesophagus and the stomach, called a 'sphincter'. The sphincter relaxes to passage of food from the oesophagus into the stomach, and then tightens up to stop food and acid moving back up into the oesophagus.



What is acid reflux and oesophagitis?

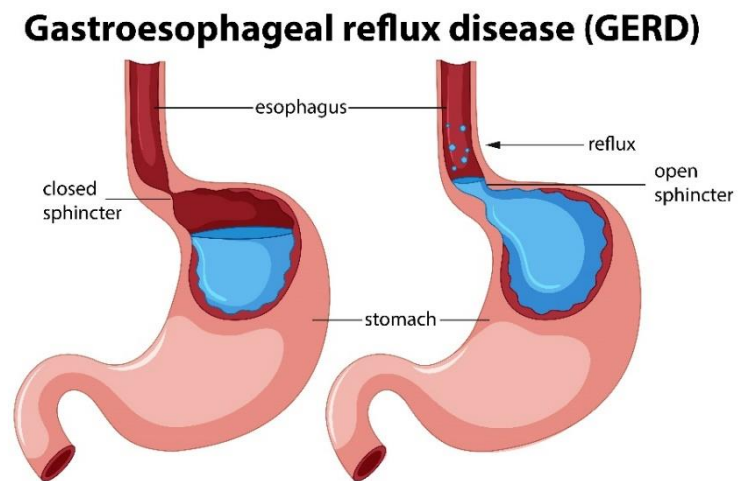
Acid reflux is when acid leaks up ("refluxes") into the oesophagus.

Oesophagitis is inflammation of the lining of the oesophagus. It is usually caused by reflux of stomach acid which irritates the lining of the oesophagus.



What is GORD?

Gastro-oesophagus reflux disease (“GORD” for short) is a general term to describe when acid (or alkali) from the stomach goes back up into the oesophagus, and causes symptoms. A person may have acid reflux with or without oesophagitis.



What are the causes of GORD?

The most common cause for GORD is weakening or poor function of the sphincter (muscle ring) between the oesophagus and the stomach.

Other causes for GORD include:

- Hiatus Hernia – where part of the stomach itself protrudes up through the diaphragm into the chest
- Smoking
- Alcohol
- Caffeine
- Pregnancy
- Medications – some antibiotics, some blood pressure medications and antidepressants – check with your doctor to see if any of your medications may be contributing to your symptoms
- Other medical conditions can contribute to development of GORD including Diabetes, Hypothyroidism and some connective tissue diseases.

What are the symptoms of Acid Reflux and Oesophagitis?

Heartburn is the most common symptom. This is a burning feeling in the center of the chest and can be worse especially after a meal or when lying flat. Rather confusingly, heartburn has nothing to do with the heart.

Other common symptoms:

- Feeling sick (Nausea)
- An acid taste in your mouth (often described as a “bitter” taste)
- Burning pain when swallowing
- Belching



What problems can GORD cause?

- Scarring and narrowing of the oesophagus which can impair your ability to swallow (Peptic stricture)
- Ulcers and bleeding
- 10% of people with GORD develop Barrett’s Oesophagus – inflammation and ulcers which put you at risk of getting cancer — this needs careful monitoring and treatment.

GORD has also been implicated in contributing to tooth decay, inflammation of the vocal cords, chronic coughs and sinusitis.

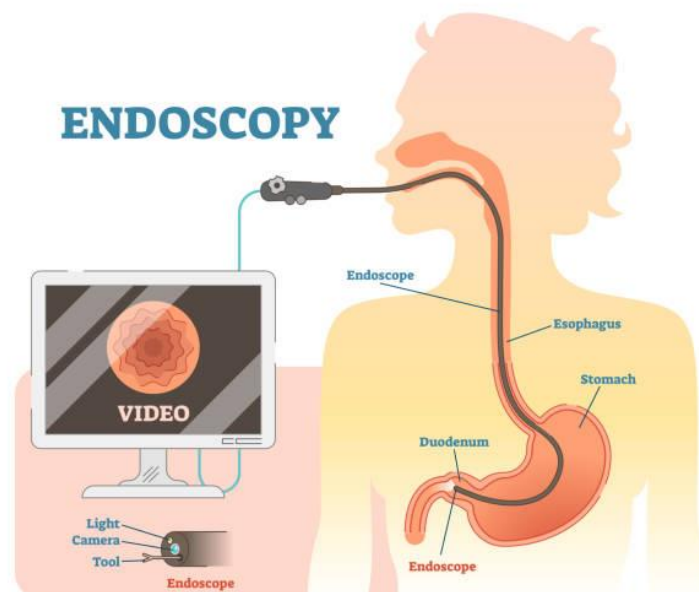
How do you know if you have GORD?

Your doctor may diagnose you with reflux from your symptoms and your response to medications. Further testing may be needed if the medications do not work, if symptoms recur, or if you get other concerning features.

What tests might you need?

Endoscopy is a simple test, usually taking less than 15 minutes, where after anesthetic throat spray, a tiny camera on the end of a flexible tube is passed down your oesophagus and into your stomach. <https://www.youtube.com/watch?v=OmsNjUOvbSs>

Small tissues samples (**biopsies**) may be taken if needed. Endoscopy is also used to exclude stomach ulcers, cancer and H Pylori infections which can increase acid production.



Your doctor may consider other tests like a Barium Meal or Oesophageal Pressure assessment (Manometry).

There are several medical conditions that mimic the symptoms of reflux. For these conditions, other tests may be required. Pain from the heart, the oesophagus and other structures in the chest can often be very similar and difficult for patients and even doctors to tell apart. Your doctor will have carefully considered this during your hospital visit and will be sending you home only if they believe it is safe to do so.

What treatments are available for GORD?

Doing the following will help you get better:



Avoid large meals and avoid foods that you find make symptoms worse (e.g. fatty meals, alcohol, tomatoes, spicy foods, coffee, chocolate)



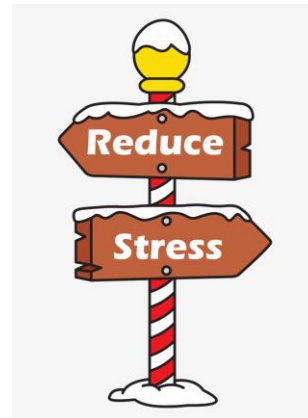
Stop smoking



Lose weight if you are overweight



Taking antacids from the chemist can also help with immediate relief of symptoms but they tend to recur quite quickly afterwards



Avoid stress and keep active

Don't eat within 2 hours of lying down or going to bed at night

If symptoms are still bad at night, prop up the end of your bed by 15cm so that it is on a slight angle (head up) by placing e.g. a phone book under the legs at the head end.

The most effective way of treating reflux disease is with the prescription medications called Proton Pump inhibitors which reduce the amount of acid that your stomach produces. These are effective at both reducing the symptoms of reflux as well as allowing for the healing of ulcers and erosions that may have developed.

In some patients who are not relieved by the above measures, Endoscopic and laparoscopic or keyhole surgery can be considered to repair a hiatus hernia and to strengthen the lower oesophageal sphincter. You should speak with your doctor to determine the best treatment and follow-up plan for you.

Contacts

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