

# Gastric Ulcer / Gastritis

Endoscopy Department



Patient information leaflet

You will only be given this leaflet if you have been diagnosed with gastritis and/or a gastric ulcer. The information below outlines the conditions, the causes and the treatment.

## What is gastritis and a gastric ulcer?

---

Food passes down the oesophagus (gullet) into the stomach. The stomach makes acid which is not essential, but helps to digest food. After being mixed in the stomach, food passes into the duodenum (the first part of the small intestine). In the duodenum and the rest of the small intestine, food mixes with enzymes (chemicals). The enzymes come from the pancreas and from cells lining the intestine. The enzymes break down (digest) the food which is absorbed into the body.

Your stomach normally produces acid to help with the digestion of food and to kill bacteria. This acid is corrosive, so some cells on the inside lining of the stomach and duodenum produce a natural mucus barrier which protects the lining of the stomach and duodenum. There is normally a balance between the amount of acid that you make and the mucus defence barrier. Inflammation (gastritis) and/or an ulcer may develop if there is an alteration in this balance, allowing the acid to damage the lining of the stomach or duodenum.

## Why do gastritis and ulcers occur?

---

Both ulcers and gastritis can be triggered by many factors:

### **Infection with *Helicobacter Pylori***

Infection by *Helicobacter pylori* (commonly just called *H. pylori*) is the cause in about 8 in 10 cases of stomach ulcer. More than a quarter of people in the UK become infected with *H. pylori* at some stage in their life. Once you are infected, unless treated, the infection usually stays for the rest of your life. In many people it causes no problems and a number of these bacteria just live harmlessly in the lining of the stomach and duodenum. However, in some people this bacterium causes an inflammation in the lining of the stomach or duodenum. This causes the defence mucus barrier to be disrupted (and in some cases the amount of acid to be increased) which allows the acid to cause inflammation and ulcers.

### **Anti-inflammatory drugs – including Aspirin**

Anti-inflammatory drugs are sometimes called non-steroidal anti-inflammatory drugs (NSAIDs). There are various types and brands. For example: aspirin, ibuprofen, diclofenac, etc. Many people take an anti-inflammatory drug for arthritis, muscular pains, etc. Aspirin is also used by many people to protect against blood clots forming. However, these drugs sometimes affect the mucus barrier of the stomach and allow acid to cause an ulcer. About 2 in 10 stomach ulcers are caused by anti-inflammatory drugs. Steroids can also have a similar effect.

### **Lifestyle**

Smoking and alcohol have been linked to increased incidents of gastric ulcers.

## Endoscopy and gastric ulcers

---

When a gastric ulcer is suspected, it will need to be confirmed by either a barium meal x-ray or an upper gastrointestinal endoscopy. The position, size and depth of the ulcer will be assessed and in most cases a biopsy will be taken from the edge of the ulcer to assess any possibility of malignancy. Most gastric ulcers are benign but it is important to make a careful assessment. A sample is usually taken to test for the presence of the bacteria *Helicobacter Pylori*.

## What does treatment/management involve?

---

### 1. Acid suppressing medication

A 4-8 week course of a drug that greatly reduces the amount of acid that your stomach makes is usually advised. The most commonly used drug is a proton pump inhibitor (PPI). PPIs are a class (group) of drugs that work on the cells that line the stomach, reducing the production of acid. Sometimes a drug from another class of drugs called H<sub>2</sub>-receptor antagonists – also known as ‘H<sub>2</sub> blockers’ – is used. H<sub>2</sub> blockers work in a different way on the cells that line the stomach, reducing the production of acid.

- **Risks:** With any medications, side effects are possible. Please contact your GP if you are uncertain about your medications. If medications are not taken, the healing of the ulcer will be delayed.

### 2. If *Helicobacter Pylori* is present

Most stomach ulcers are caused by infection with *Helicobacter pylori*. Therefore, a main part of the treatment is to clear this infection. If this infection is not cleared, the ulcer is likely to return once you stop taking acid-suppressing medication. Treatment involves a combination of three antibiotics for a week.

- **Risks:** With any medications, side effects are possible. Please contact your GP if you are uncertain about your medications.

### 3. Lifestyle

Alcohol intake should be reduced or ceased and smoking should be avoided. Both alcohol and smoking stimulates acid and will delay healing. You can gain support and advice on ceasing alcohol and smoking from your GP or from the NHS stop smoking website: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

### Are there any alternative treatments?

---

The only current course of treatment for gastritis and gastric ulcers is acid supressing medications.

### What happens after the treatment?

---

A repeat endoscopy is usually advised a few weeks after treatment has finished. This is mainly to check that the ulcer has healed, and also to be doubly certain that the 'ulcer' was not due to stomach cancer. If your ulcer was caused by *Helicobacter pylori* then a test to check that *Helicobacter pylori* has gone is usually advised. This is done at least four weeks after the course of combination therapy has finished. In most cases, the test is 'negative' meaning that the infection has gone. If it has not gone, then a repeat course of combination therapy with a different set of antibiotics may be advised.

### Reference source

---

[www.patient.co.uk/health/stomach-gastric-ulcer](http://www.patient.co.uk/health/stomach-gastric-ulcer)





## Contact details

---

If you require further information or advice, please feel free to contact us.

### Endoscopy Unit

**Telephone:** 01483 571122 **ext** 4160 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

---

### PALS and Advocacy contact details

---

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: January 2018

Future review date: January 2021

Author: Caroline Smith

**PIN180110–1432**

