

# Duodenal Ulcer / Duodenitis

Endoscopy Department



Patient information leaflet

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

## **What is duodenitis and a duodenal ulcer?**

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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 (duodenitis) and/or an ulcer may develop if there is an alteration in this balance, allowing the acid to damage the lining of the duodenum.

## **Why does duodenitis and ulcers occur?**

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Both ulcers and duodenitis can be triggered by many factors:

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

Infection by *Helicobacter pylori* (commonly just called *H. pylori*) is the cause in about 19 in 20 cases of duodenal ulcers. 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 medications 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 duodenum and allow acid to cause an ulcer. About 2 in 10 duodenal ulcers are caused by anti-inflammatory drugs. Steroids can also have a similar effect.

### **Other causes and factors**

Other causes are rare. For example, the Zollinger-Ellison syndrome. In this rare condition, much more acid than usual is made by the stomach. Other factors such as smoking, stress, and drinking heavily may possibly increase the risk of having a duodenal ulcer. However, these are not usually the underlying cause of duodenal ulcers.

## Endoscopy and duodenal ulcers

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When a duodenal ulcer is suspected, it will need to be confirmed by 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 duodenal 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?

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### 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 slightly different way on the cells that line the stomach, but still reduce the production of acid.

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

### 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 in length.

- **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: <http://www.nhs.uk/smokefree>

### 4. If caused by anti-inflammatory medications

If possible, you should stop the anti-inflammatory medicine. This allows the ulcer to heal. You will also normally be prescribed an acid-suppressing medicine for several weeks (as mentioned above). This stops the stomach from making acid and allows the ulcer to heal.

However, in many cases the anti-inflammatory medicine is needed to ease symptoms of arthritis or other painful conditions, or aspirin is needed to protect against blood clots. In these situations, one option is to take an acid-suppressing medicine each day indefinitely. This reduces the amount of acid made by the stomach, and greatly reduces the chance of an ulcer forming again.

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

### 5. Surgery

In the past, surgery was commonly needed to treat a duodenal ulcer. This was before it was discovered that *H. pylori* was the cause of most duodenal ulcers, and before modern acid-suppressing medicines became available. Surgery is now usually only needed if a complication of a duodenal ulcer develops such as severe bleeding or a hole (perforation).

### Are there any alternative treatments?

The only current course of treatment for duodenitis and duodenal ulcers is acid suppressing medications or potentially surgery if a perforation has occurred.

## What happens after treatment?

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A decision will be made by your GP whether to continue acid suppressing medication post the 4-8 weeks of treatment.

## Reference

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



## Contact details

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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.

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## PALS and Advocacy contact details

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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.

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