

Oesophagitis and Gastro-Oesophageal Reflux Disease (GORD)

Endoscopy Department



Patient information leaflet

You will only be given this leaflet if you have been diagnosed with oesophagitis or GORD. The information below outlines the conditions, the symptoms, the causes and the treatment.

What do these words mean?

Acid reflux – when acid from the stomach leaks up (refluxes) into the gullet (oesophagus), the condition is known as acid reflux. This may cause heartburn and other symptoms.

Oesophagitis – inflammation of the lining of the oesophagus. Most cases of oesophagitis are due to reflux of stomach acid which irritates the inside lining of the oesophagus.

Gastro-oesophageal reflux disease (GORD) – is a general term which describes the range of situations – acid reflux, with or without oesophagitis, and symptoms.

What are the symptoms?

Heartburn: this is the main symptom. This is a burning feeling which rises from the upper abdomen or lower chest up towards the neck.

Other common symptoms: these include pain in the upper abdomen and chest, feeling sick, an acid taste in the mouth, bloating, belching, indigestion, and a burning pain when you swallow hot drinks. Like heartburn, these symptoms tend to come and go, and tend to be worse after a meal.

What causes it?

The circular band of muscle (sphincter) at the bottom of the oesophagus normally prevents acid refluxing. Problems occur if the sphincter does not work very well. This is common but in most cases it is not known why it does not work so well. In some cases the pressure in the stomach rises higher than the sphincter can withstand – for example, during pregnancy, after a large meal, or when bending forward. If you have a hiatus hernia (a condition where part of the stomach protrudes into the chest through the diaphragm), you have an increased chance of developing reflux.

What can I do to help the symptoms?

The following are commonly advised. However, there has been little research to prove how well these lifestyle changes help to ease reflux:

- **Smoking:** The chemicals from cigarettes relax the circular band of muscle (sphincter) at the bottom of the gullet (oesophagus) and make acid leaking up (refluxing) more likely. Symptoms may ease if you are a smoker and stop smoking.
- **Some foods and drinks:** may make reflux worse in some people. It is thought that some foods may relax the sphincter and allow more acid to reflux. It is difficult to be certain how much food contributes. Let common sense be your guide. If it seems that a food is causing symptoms, then try avoiding it for a while to see if symptoms improve. Foods and drinks that have been suspected of making symptoms worse in some people include peppermint, tomatoes, chocolate, spicy foods, hot drinks, coffee, and alcoholic drinks. Also, avoiding large-volume meals may help.
- **Some medicines:** may make symptoms worse. They may irritate the oesophagus or relax the sphincter muscle and make acid reflux more likely. The most common culprits are anti-inflammatory painkillers (such as ibuprofen or aspirin). Others include diazepam, theophylline, nitrates, and calcium-channel blockers such as nifedipine. But this is not a complete (exhaustive) list. Tell a doctor if you suspect that a medicine is causing the symptoms, or making symptoms worse.
- **Weight:** If you are overweight it puts extra pressure on the stomach and encourages acid reflux. Losing some weight may ease the symptoms.
- **Posture:** Lying down or bending forward a lot during the day encourages reflux. Sitting hunched or wearing tight belts may put extra pressure on the stomach which may make any reflux worse.

What are the treatments/management options?

1. Antacids

Antacids are alkaline liquids or tablets that reduce the amount of acid. A dose usually gives quick relief. There are many brands which you can buy. You can also get some on prescription. You can use antacids 'as required' for mild or infrequent bouts of heartburn.

- **Risks:** Some people may develop side effects to medications, if you are uncertain, contact the endoscopy unit or your GP.

2. Acid-suppressing medicines

If you get symptoms frequently then see a doctor. An acid-suppressing medicine will usually be advised. Two groups of acid-suppressing medicines are available - proton pump inhibitors (PPIs) and histamine receptor blockers (H2R blockers). They work in different ways but both reduce (suppress) the amount of acid that the stomach makes.

- **Risks:** Some people may develop side effects to medications, if you are uncertain, contact the endoscopy unit or your GP.

Are there any alternative treatments?

Surgery

An operation can 'tighten' the lower oesophagus to prevent acid leaking up from the stomach. It can be done by 'keyhole' surgery. In some cases, the success of surgery is no better than acid-suppressing medication. However, surgery may be an option for some people whose quality of life remains significantly affected by their condition and where treatment with medicines is not working well or not wanted long-term.

- **Risks:** Please talk to your consultant or GP to discuss benefits and risks.

What are the risks of GORD?

Left untreated, GORD can cause a host of complications, including oesophagitis, oesophageal ulcers, hoarseness, spasm of the “voice box” muscles (laryngospasm), chronic lung disease and Barrett’s oesophagus (a change in the lining of the oesophagus that increases the risk of developing cancer of the oesophagus).

Reference source

- <http://www.patient.co.uk/health/acid-reflux-and-oesophagitis>

Contact details

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

Endoscopy Unit

Telephone: 01483 571122 **ext** 4409 (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.

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