



## ACID REFUX AND HEARTBURN

Most people get a bit of acid after a big meal or some foods that don't agree with you. But if you get this a lot, its not just a quality of life problem. There could be an underlying problem or a risk of cancer developing, so pay attention!

Statistics show that about a third of healthy people get Gastrooesophageal reflux disease (GERD) and about 10% of people get it daily.

GERD is when the amount of gastric juice that slips up into the oesophagus (food pipe) goes beyond the normal limit, causing symptoms.

Typical symptoms can include heartburn, regurgitating food or fluid, and problems eating. Less typical symptoms can include chest pain, asthma, pneumonia and a hoarse voice.

Fifty percent of these people don't have oesophagitis (inflamed food pipe lining), but that means the rest could have. Those that have long term oesophagitis are at risk of developing Barrett's Oesophagitis that could lead on to oesophageal cancer.

The causes of GERD can include, diet, lifestyle, pregnancy, obesity, infection with Helicobacter Pylori, or a hiatus hernia. It can also be due to poor action of the stomach muscle and the junction between the lower oesophagus and the upper stomach called the lower oesophageal sphyncter (LES).

Diet and lifestyle can help prevent relaxation of LES and thus reflux of acid up into the oesophagus. Offenders can include:

- Coffee
- Alcohol
- Chocolate
- Fatty meals

Drugs that can cause LES relaxation include:

- Calcium channel blockers – use for hypertension
- Beta agonists – used in asthma
- Anticholinergics – use for bladder problems
- Nicotine - smokers
- Progesterone – hormone therapy

Once someone has persistent GERD, they end up having a Gastroscopy (a telescope into the stomach and beyond). This is to check for several things:

1. Helicobacter pylori that can easily be treated with antibiotics. Untreated, H.pylori could lead to stomach cancer
2. Any stomach ulceration that will need drugs to help it heal.
3. A hiatus hernia – this is where the upper part of the stomach has prolapsed up into the chest. In this situation, the LES cannot work properly.

4. Barretts oesophagitis – this is where the cells of the oesophagus have started to change towards cancer, but are not there yet. In this situation, it is important to take drugs to stop excessive acid to prevent cancer.

Overall, in most people, adherence to a sensible diet will help most cases of GERD. If this doesn't work, medications like Omeprazole and Pantoprazole can stop the acid for a while.

A Gastroscopy is a straightforward and important examination to have if the symptoms persist.

If all of the above doesn't work, then a simple procedure performed by laparoscopic surgery (keyhole surgery) called the Nissen Fundoplication. This procedure wraps some of the upper part of the stomach around itself, thus reducing reflux.