

Complications Of GERD

Untreated GERD can lead to serious complications over time

Esophagitis: Erosions or ulcers of the lining of the esophagus from repeated acid exposure. Chronic esophagitis over many years can cause precancerous changes.

Esophageal Stricture: The damaged lining of the esophagus can become scarred, causing narrowing and difficulty with eating and drinking.

Barrett's Esophagus: Can occur in about 10% of those with GERD over many years. The normal tissue lining of the esophagus is replaced by abnormal cells. In a small number of cases this can lead to esophageal cancer.

Esophageal Cancer: A malignancy of the esophagus. One particular type, adenocarcinoma, is associated with long term severe acid reflux.

FACT: Barrett's esophagus is more common in caucasian men over age 40.

Food Triggers

- 🔥 Tomatoes (including tomato based sauces and ketchup)
- 🔥 Spicy foods
- 🔥 Chocolate
- 🔥 Mint
- 🔥 Citrus
- 🔥 Fried or fatty foods
- 🔥 Caffeinated beverages
 - 🔥 Coffee
 - 🔥 Soda
 - 🔥 Tea
 - 🔥 Energy drinks
- 🔥 Carbonated beverages
- 🔥 Alcohol
- 🔥 Juice (cranberry, orange, tomato)

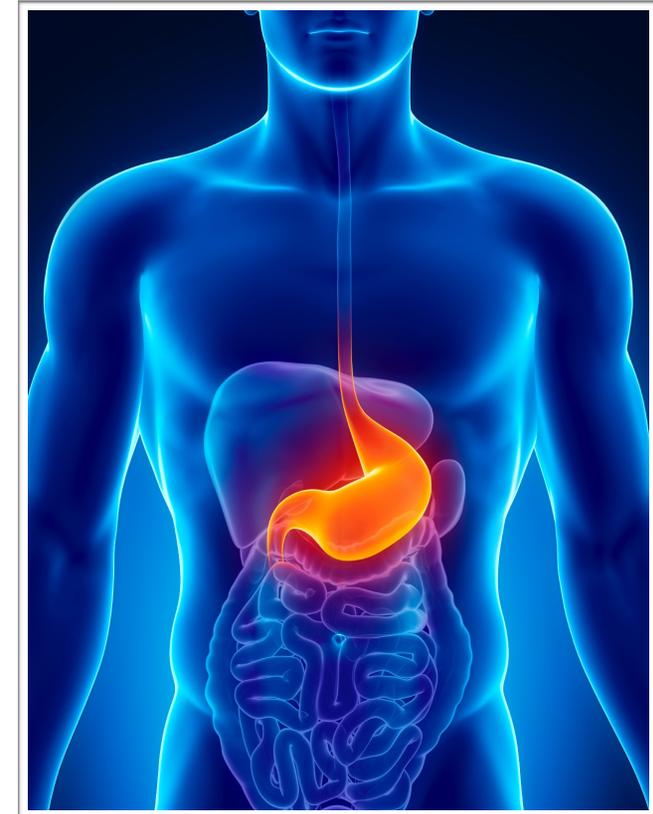
Many of the above mentioned foods can relax the lower esophageal sphincter allowing acid to reflux into the esophagus.

Learn More About GERD

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GERD

Gastroesophageal Reflux Disease



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What Is GERD?

- Gastroesophageal Reflux Disease (**GERD**) is a condition in which stomach acid flows back up into the esophagus.
- When the valve-like muscle at the bottom of the esophagus becomes weak, or relaxes when it should not, acid can reflux into the esophagus.
- Acid can irritate or damage the lining of the esophagus. Sometimes this damage can lead to a precancerous condition called Barrett's esophagus.

What Are The Symptoms?

-  Heartburn (burning sensation in the upper and central chest)
-  Hoarseness or sore throat
-  Bitter or acid taste in the mouth
-  Chest pain
-  Difficulty swallowing
-  Regurgitation of food or sour contents into mouth
-  Chronic cough
-  Nausea
-  Vomiting

GERD By The Numbers

25 - 35

% of the US population affected by GERD

15 Million

of Americans affected daily by heartburn

10 - 20

% of patients with chronic GERD who have Barrett's esophagus

2

of heartburn episodes per week after which medical advice should be sought

How Is GERD Diagnosed?

- Diagnosis is often made by symptoms alone.
- Diagnostic testing may include:
 - **Upper GI Series:** An x-ray study involving a barium contrast.
 - **Endoscopy:** A small flexible tube with light is used to allow direct visualization of the esophageal lining. Sedation is used and tissue biopsies are taken.
 - **Esophageal pH monitoring:** A tube within the esophagus measures the amount of acid over 24 hours.
 - **Esophageal manometry:** A tube within the esophagus measures muscle contractions. This test may be used when considering anti-reflux surgery.

What Is The Treatment?

- Management of GERD may require a combination of lifestyle changes and medication.
- Goals of treatment are to relieve symptoms, heal the esophagus, and avoid complications.

Lifestyle Modifications

- Stop smoking
- Reduction or cessation of alcohol consumption
- Reduction or cessation of caffeinated beverages
- Dietary modifications (fatty foods, spicy foods, chocolate, citrus, tomato, peppermint)
- Weight reduction if overweight
- Elevation of the head of the bed
- Remain upright for three hours after meals

Medication Management

- **Antacids** - Intermittent use for mild symptoms.
- **H2 Blockers** - For intermittent use or maintenance therapy. Decreases the production of stomach acid.
- **Proton Pump Inhibitors** - For maintenance therapy. Works by stopping acid secretion at the source of acid production—the proton pump.