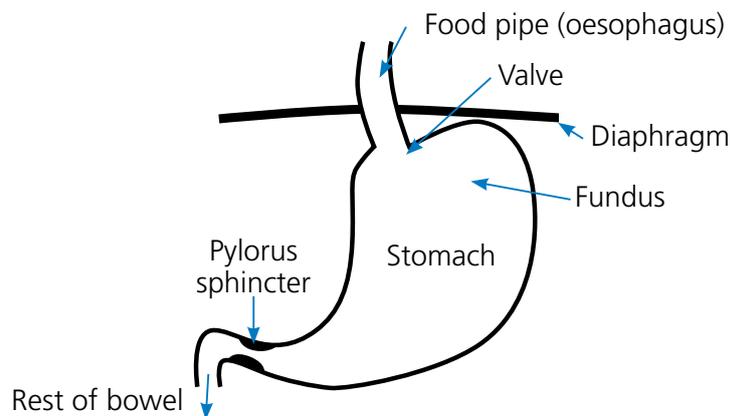


Child health information factsheet

Gastro-oesophageal reflux

Gastro-oesophageal reflux is the backflow of stomach contents (food and the acid produced by the stomach) into the food pipe (oesophagus).

The valve (gastro-oesophageal sphincter) at the bottom of the food pipe usually lets food, liquid and air into the stomach and gas back up.



When food enters the stomach it mixes with acid to break down the food.

If this goes back up the wrong way it can cause pain, heartburn or damage to the food pipe.

This may happen because the valve at the bottom of the food pipe is not working as it should.

The symptoms

Gastro - oesophageal reflux can be the cause of different problems. Your child may be suffering from only one or may have several symptoms.

Possible symptoms are

- Vomiting (being sick) and/or retching
- Heartburn and pain
- Failure to thrive (does not put on weight at a rate normal for his or her age)
- Breathing problems or repeated chest infections
- Oesophagitis, inflammation of the food pipe (caused by acid in the stomach) can lead to:
 - Bleeding
 - Anaemia
 - Swallowing problems.

Treatment

Many children do not need any tests. In most babies gastro-oesophageal reflux resolves by the age of one year.

There are a range of tests that can be done to find out if severe reflux exists and if any treatment is needed. The doctor will decide which treatment, if any, are needed.

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The tests that may be done

pH probe

A pH probe is a narrow, flexible, soft, plastic tube, which is passed through the nose into the food pipe. The other end of the probe plugs into a small box which records the acid level in the lower part of the food pipe. Your child will stay in hospital overnight for this test.

Gastroscopy

The doctor looks at the inside of the food pipe, stomach and small intestine using a flexible tube (endoscope). Your child will need to come into hospital for the day and will have a general anaesthetic (medicine given to make you go to sleep) to have this test done.

Barium swallow or meal

X-ray pictures are taken of your child's food pipe and stomach during and after your child has had a drink containing barium. Barium shows up on x-rays and helps to show any problems like narrowing of the food pipe. You will be able to go to the x-ray department with your child. Your child will not be able to have anything to eat or drink for six hours before this test.

Gastric emptying scan

This test looks at the rate at which the stomach empties. It is done in the nuclear medicine department and you will be able to stay with your child. Your child will not be able to have anything to eat or drink for four hours before this test.

Treatment

The treatment decided depends how the problem is affecting your child.

Positioning

All babies with gastro-oesophageal reflux should be put in an upright position after feeds (30 degree angle). This is the best position to prevent reflux from happening.

Feed thickening

If the feed is thicker and more solid it stays at the bottom of the stomach and is less likely to backflow into the food pipe.

Drug therapy

There are different drugs used to manage gastro-oesophageal reflux. A combination of two or three drugs are often used. The following is a list of drugs and how they work.

Gaviscon® works in two ways. It contains substances that neutralise the acid in the stomach and it also floats on the surface of the stomach contents, helping to prevent backflow into the food pipe.

Domperidone stimulates the stomach to empty and also improves the strength of the valve.

Ranitidine reduces the amount of acid produced by the stomach.

Omeprazole and Lanzoprazole block production of acid by the stomach.

If you have any questions or concerns please contact

Mick Cullen or Claire Barnes nurse specialists
Paediatric gastroenterology: 023 8077 7222,
ext: 3814 bleep: 1392 or 2776

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.