

Patient information factsheet

Endoscopy unit – reflux advice

Gastro-oesophageal reflux is a very common disorder. This factsheet has been developed to give you some information about the condition along with some advice about steps which may help to reduce your symptoms.

What is gastro-oesophageal reflux?

When we eat, food passes down the oesophagus (gullet) into the stomach. Cells in the lining of the stomach make acid and other chemicals which help to digest food. Stomach cells also make mucus which protects them from damage from the acid. The cells lining the oesophagus are different and have little protection from acid.

There is a circular band of muscle (a sphincter) at the junction between the oesophagus and stomach. This relaxes to allow food down, but then normally tightens up and stops food and acid leaking back up (refluxing) into the oesophagus. In effect, the sphincter acts like a valve. If the valve doesn't close properly, allowing acid to leak up out of the stomach, you may experience symptoms of gastro-oesophageal reflux.

Symptoms

Heartburn is the main symptom. This is a burning feeling which rises from the upper abdomen or lower chest up towards the neck. (It actually has nothing to do with the heart).

Other common symptoms include pain in the upper abdomen and chest, feeling sick, an acid taste in the mouth, bloating, belching 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.

Some less common symptoms may also occur. This can make the diagnosis difficult as these symptoms can mimic other conditions.

Uncommon symptoms can include:

- A persistent cough, particularly at night. This is due to the refluxed acid irritating the trachea (windpipe).
- Asthma symptoms of coughing and wheezing can sometimes be due to acid reflux.
- Other mouth and throat symptoms such as gum problems, bad breath, sore throat, hoarseness and a feeling of a lump in the throat.
- Severe chest pain (which may be mistaken for a heart attack).

Making some simple adjustments to your lifestyle may cause some reduction in the symptoms.

What adjustments can be made?

Stop smoking – the chemicals from cigarettes relax the sphincter muscle and make acid reflux more likely. Symptoms may ease if you are a smoker and stop smoking.

Weight – if you are overweight it puts extra pressure on the stomach and encourages acid reflux. Losing some weight may ease the symptoms.

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Clothing – avoid wearing tight clothing as it can put pressure on the stomach.

Some foods and drinks – may make reflux worse in some people. It's thought that some foods may relax the sphincter and allow more acid to reflux. It's difficult to be certain how much foods contribute, but if it seems that a food is causing symptoms, try avoiding it for a while to see if your symptoms improve. Foods and drinks that have been suspected of making symptoms worse for some people include peppermint, tomatoes, chocolate, spicy foods, hot drinks, coffee and alcoholic drinks.

Portion size – avoiding large meals may help, especially for four hours before bedtime. Have smaller regular meals. Try not to eat or drink for two and a half hours before bed.

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. When bending, bend from the knees not the waist to keep the upper body in line and upright.

Bedtime – if symptoms recur most nights, the following may help:

- Go to bed with an empty, dry stomach. To do this, don't eat for three hours or drink for two hours before bedtime.
- If you are able, try raising the head of your bed by 10-20cm (using books or bricks for example). This helps gravity to keep acid from returning into the oesophagus. If you do this, don't use any additional pillows, because this may increase abdominal pressure.
- Place a wedge under your pillow to raise your head to an angle.

Medication – antacids can help to neutralise the acid. Gaviscon or Rennie's can be useful to carry around if needed.

Further information

Please ask the nursing staff if you have any questions about your treatment or services within the endoscopy unit.

If you have any comments, compliments, concerns or complaints please contact patient support services on **023 8120 6325** or email: patientsupportservices@uhs.nhs.uk

More information

NHS Choices – www.nhs.uk/conditions/Gastroesophageal-reflux-disease/Pages/Introduction.aspx

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.