

GASTROESOPHAGEAL REFLUX DISEASE (GERD for short) and Hiatal Hernia

Acid reflux (heartburn) is very annoying. Typically an hour after eating, the person feels acid going up their throat. This is more likely to occur as we get older and the 'valve' fails to hold the acid contents within the confines of the stomach.

A lot of people with a hiatal hernia also have reflux. A hiatal hernia involves the area where the esophagus connects to the stomach (the gastrum). Part of the stomach then 'herniates', or pushes through the opening where only the esophagus should be. Because the area that contains the "valve" between the stomach and the esophagus is loose, the valve improperly lets acid contents up into the esophagus where it shouldn't be.

Besides the fact that this GERD causes considerable discomfort, over the years two other problems may develop. One is difficulty swallowing. This occurs when the acid causes scarring and makes an area of the throat tighten. Another problem is that acid coming up your throat may cause cancer. For these reasons, if you have been having reflux for a really long time, you may be sent to a gastrointestinal (GI) specialist who will look down your esophagus with a fiber optic scope.

Although there are good medicines to treat reflux, almost all reflux can be treated with careful attention to what you eat and when you eat it. Bigger meals should only be eaten early in the day with no lying down afterwards, since the acid that is liquid flows into the esophagus and throat most easily when you lay down. Sleep also relaxes the 'valve', so sleeping after a big meal is also not good for GERD.



That 3rd piece of pizza

You probably already figured out that alcohol, caffeine and chocolate worsens your GERD. Just like overfilling a balloon causes more pressure buildup, a bigger stomach is more likely to reflux acid, so eating smaller meals helps reduce reflux!



Even though a little acid indigestion is very common, failing to treat GERD properly can lead to:

- * Narrowing of the esophagus (esophageal stricture). Damage to cells in the lower esophagus from acid exposure leads to formation of scar tissue. The scar tissue narrows the food pathway, causing difficulty swallowing.

- * Precancerous changes to the esophagus (Barrett's esophagus). In Barrett's esophagus, the color and composition of the tissue lining

the lower esophagus change. These changes are associated with an increased risk of esophageal cancer.

Since this is a physical problem with the valve, why not just fix it? There are surgeries, both traditional and newer ones utilizing a laparoscope. The recovery time can be greatly reduced with newer techniques, but the results really depend on creating a very delicate and precise valve. A little extra scarring (something the surgeon can't really control) could make the difference between a good result and a worsening of the situation. The recovery also frequently involves a lot of bloating and other intestinal problems.

Antacids like Tums, Maalox and Mylanta were traditional treatments. Now we have available over the counter H2 blockers as: cimetidine (Tagamet), famotidine (Pepcid), ranitidine (Zantac) and even more powerful proton pump inhibitors as omeprazole (prilosec) and lansoprazole (Prevacid). Prescription forms of similar drugs exist. Sucralfate (Carafate) protects the lining of the stomach by adhering to damaged stomach tissue.

Until your reflux is a whole lot better, you must remember to take the medicines exactly as directed. Taking them only when you can feel a problem may be insufficient to prevent long-term scarring or other complications.

Since medications never really fix the problem, why put chemicals in your body when maybe all you need to do is eat less, or avoid certain foods? Even skipping an evening meal seems more desirable than daily medication or surgery.

Remember that exercise is a great way to reduce stress, encourage cardiovascular health and assist healthy digestion. Perhaps we get reflux as we get older as a reminder to eat healthier foods in lesser quantities and to exercise more. Now that's food for thought! Good luck, and do let us know if none of your treatments seem to be working so that we can arrange for appropriate referrals or treatments.

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