

Information about  
**Gastro-Oesophageal Reflux Disease  
(GORD)**



# Introduction

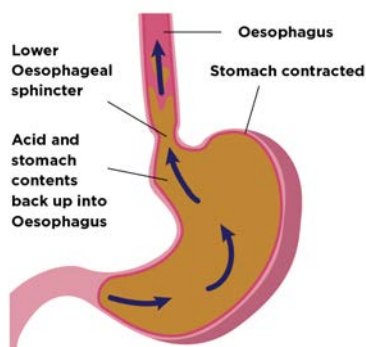
Your GP has referred you to the hospital for symptoms that sound like gastro-oesophageal reflux disease. Gastro-oesophageal reflux (GORD) disease is common and treatments are usually aimed at controlling the symptoms. This information sheet is aimed at giving you more information about this condition to help you manage your symptoms and to help you decide whether you would feel that further investigation from us would be useful.

## What Causes Gastro-oesophageal Reflux Disease (GORD)

GORD is caused by stomach contents entering (or refluxing) into the gullet (or oesophagus). The stomach produces acid and digestive enzymes to help to start break down food. The stomach content can therefore be corrosive. The stomach itself has a protective lining to cope with this content. The gullet, on the other hand, does not have this protective lining and so can become irritated and inflamed when in contact with the stomach contents.

There is a muscle at the lower end of the gullet, called the lower oesophageal sphincter, which acts as a valve and is normally closed to prevent reflux of stomach contents into the gullet but it has to relax to allow anything you swallow into the stomach. This muscle can become lax and this is what allows stomach contents to enter the gullet.

You may have heard that a hiatus hernia can be associated with reflux. A hiatus hernia occurs when part of the stomach slips up into the chest above the diaphragm which makes it more likely reflux will occur. However the treatments for GORD are the same whether you have a hiatus hernia or not.



## **Symptoms of GORD**

The typical symptom of GORD is a feeling of burning behind your breastbone. This can often be worse after eating, at night or when you bend. It can sometimes be associated with an acid taste coming into the mouth. Because GORD is caused by a weak lower oesophageal sphincter muscle it can be an ongoing or recurrent problem, particularly without treatment. It can vary in intensity and people go through good spells and bad spells. Unfortunately the lower oesophageal sphincter is not a voluntary muscle and so cannot be "trained" to be stronger.

## **Other possible causes of your symptoms**

There are other possible causes of symptoms from your gullet. There are national guidelines that suggest certain groups of people should have an endoscopy to look into the gullet to make sure that there are no other problems. (An endoscopy is a procedure where the inside of your gullet and stomach is examined using an instrument called an endoscope).

There are some symptoms that you may have that would definitely need further investigation. Therefore if you have any of the following please phone us on the number on the covering letter and we will arrange an appointment for you.

- Any problems with food or liquids feeling like they stick in your gullet when you swallow
- Unexplained weight loss
- Previous history of strictures (narrowings) or ulcers in the gullet

# Treatment of Gastro-oesophageal reflux

The treatments for GORD can be divided into 2 main categories

## 1. Lifestyle factors

These are things that you can do yourself. Not all of them will apply to everyone.

- **Weight loss**

If you are carrying too much weight this increases the pressure on the stomach and makes it more likely that the stomach contents are going to be pushed up into the gullet. Losing weight can help with this problem.

- **Avoid eating late at night**

It is easier for stomach contents to enter the gullet when you are lying down as they don't have to go against gravity. Therefore we advise you not to eat or drink anything for about 3 hours before you go to bed so your stomach is empty and not producing acid when you are lying down. Also raising the head of your bed can help some people particularly if you have symptoms during the night.

- **Smoking and alcohol (if relevant)**

Both of these things can also cause irritation to the gullet and so we would advise you to stop smoking and to drink alcohol only in moderation.

- **Diet**

Certain foods can also irritate the gullet. Common examples are spicy, acidic or citrus foods. If these, or any other food types that you can identify, make your symptoms worse, then it would be sensible to avoid them. Other foods that can affect some people are fatty foods or chocolate. Caffeine can also cause problems because it is a muscle relaxant and can make the lower oesophageal sphincter more lax. It may be helpful if you reduce how much tea, coffee or caffeinated drinks you take particularly if these make your symptoms worse. Carbonated (or fizzy) drinks are another common irritant and you should try to avoid these. Lastly drinking large volumes of fluid can sometimes cause reflux because this volume of fluid can “flow” into the gullet. If you do drink large amounts you could cut this back to see if it helps. You should not drink fluids overnight or when in bed.

- **Medication**

Some other medications can cause or worsen your reflux symptoms and if you are on other medication you might want to review this with your GP.

## 2. Medical treatment

Lifestyle measures can help some people but many find that they do not control symptoms completely. There are medical treatments which aim to reduce the acid production of the stomach which reduces the toxicity of the stomach contents.

- **Proton Pump Inhibitors (PPI)**

(e.g. omeprazole or lansoprazole). These medications reduce acid production greatly and can therefore be very helpful when acid is refluxing into your gullet and causing symptoms. These medications often take several days to work because the inflammation caused by the acid will take several days to improve once the level of acid is reduced.

If you have had any new symptoms or your symptoms worsen, your GP will often give you a 4 week course of a high dose of proton pump inhibitors to try to get your symptoms under control and you should make sure you take these tablets regularly. It usually takes several days before these medications start to help your symptoms.

Unfortunately due to the cause of the disease (i.e. a weak lower oesophageal sphincter), it is very common for GORD symptoms to return after stopping treatment. We therefore recommend that after the 4 week initial treatment you should continue with the lowest dose of medication that keeps your symptoms under control. For some this will be a high dose long term, some may need a smaller dose long term and others may only need treatment as and when symptoms come back. Many people find their symptoms vary in intensity and have to increase the dose up and down accordingly. The best person to work out the right dose for you is you.

Timing of medication can help. Take your PPI 30 minutes before food. Before breakfast – or if you take them twice a

day, take them before breakfast and dinner or teatime.

There are other treatments that can reduce acid production by the stomach including famotidine. These types of medication do not reduce the stomach acid by as much as proton pump inhibitors, but can be used if you have side effects to the proton pump inhibitors.

Another commonly prescribed alternative are oral antacids such as Gaviscon or Maalox. You can also take these as an add-on if the above treatments are not controlling your symptoms. The antacids can work by coating the lining of the gullet and therefore protect it from the irritation caused by the acid. They can therefore be helpful if you take them at the time that you are suffering from symptoms. This type of medication can be taken alongside the PPIs if you have minor break through symptoms, which can commonly happen for a few days after the dose of PPI is reduced.

## **Are there any other treatments available?**

For very few, carefully selected patients there is the option of having surgery to tighten the lower oesophageal sphincter. Surgery may be an option for patients who decide they do not want to continue medication long term or who have side effects to medication or have a feeling of fluid or food coming up into the mouth. Surgery can help symptoms of volume reflux which is where you feel the food that you have eaten coming back up into the chest before going down again.

You would need an anaesthetic which comes with risks and you would need to be fit enough to undergo surgery. You would also need recovery time or time off work while you heal after surgery.

Lastly, surgery does not work for everyone and unfortunately does not tend to work if the medication has not helped your symptoms. If you think you would like to consider anti-reflux surgery please phone us on the number in the covering letter and we will arrange an appointment for you. It is important to note that you will need further investigations and assessment before the surgical team would consider offering you surgery because it is not suitable for everyone.

## Summary

This leaflet tells you about the standard treatments for gastro-oesophageal reflux and will help you to manage your condition.

If you are happy with the information and your symptoms are controlled with the above advice you don't need to do anything else.

If you remain concerned about your condition, have any of the symptoms mentioned under the other possible causes of your symptoms or feel that your treatments do not adequately control your symptoms please phone us on the number on the covering letter and we will arrange an appointment for you. Normally this will be by a consultation with a nurse specialist in the first instance.

You may also find more information about reflux on the NHS Inform website:  [www.nhs.uk/inform/scot](https://www.nhs.uk/inform/scot)