

## Patient information

### Life-style Modifications for Reflux Symptoms

General Surgery – Aintree Hospital

#### What is reflux?

Gastro-oesophageal reflux disease (GORD) is a disorder that is caused by stomach acid/contents flowing from the stomach into the oesophagus/gullet.

Reflux means the return of acidic stomach juices, or food and fluids, back up into the oesophagus.

After food passes through the oesophagus into the stomach, a valve called the lower oesophageal sphincter (LOS) closes, preventing the movement of food or acid upward or back into the oesophagus.

Gastro-oesophageal reflux occurs when this valve/LOS relaxes inappropriately, allowing contents from the stomach to flow backward into the oesophagus.

#### What happens with reflux?

Heartburn, also called acid indigestion, is the most common symptom of GORD.

The acidic content (and sometimes bile) can cause damage to the lining of the oesophagus.

If untreated, prolonged exposure can cause damage over a long time to the lining of the lower oesophagus resulting in inflammation, bleeding, ulcers, narrowing due to scarring (strictures) and change of lining into that of stomach/bowel type lining (in medical terms this is called as Barrett's oesophagus).

You can discuss the significance of Barrett's oesophagus with your doctor.

#### What is hiatus hernia?

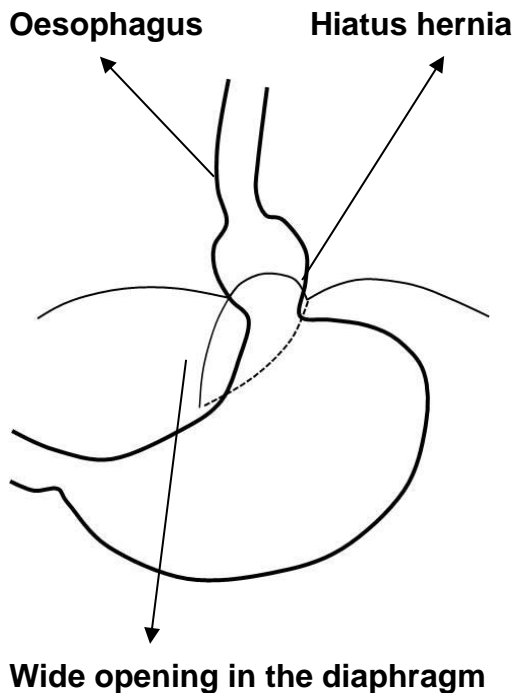
A hiatus hernia may be associated with GORD.

Severe heartburn may also result from hiatus hernia.

A hiatus hernia is caused by a widening of the natural opening in the diaphragm, a flat muscle that separates the chest from the abdomen, allowing a portion of the stomach to protrude into the chest.

This condition can then cause the oesophageal valve to fail.

Although most cases of gastro-oesophageal reflux are caused by a weakened valve, there are other causes that need to be assessed by your doctor.



### **How is reflux treated?**

Reflux symptoms can be managed by three different ways –

1. Lifestyle Modifications.
2. Medical Management.
3. Surgery – anti-reflux procedures.

Most heartburn symptoms can often be relieved with lifestyle changes and good medical treatment.

Resistant symptoms or severe heartburn in younger age group patients (<60 years) may require surgical treatment for a one-off long term symptom control.

You will need referral to an appropriate surgeon for consideration of appropriate treatment if your doctor feels that your symptoms cannot be adequately treated with medications alone.

This leaflet is for lifestyle modifications only, which helps all groups of patients.

Please ask for separate leaflet for surgery if this has been so decided.

## **A. Lifestyle Modification Advice**

Follow these suggestions to significantly reduce the occurrence of acid reflux symptoms.

### **1. Eat smaller, more frequent meals.**

Large meals expand your stomach and increase upward pressure against the oesophageal sphincter.

### **2. Limit your intake of acid-stimulating foods and drinks.**

Eat foods that rarely cause heartburn and avoid those foods that will often cause heartburn.

### **3. Other foods to avoid.**

Avoid –

- a. Cucumbers.
- b. Tomatoes.
- c. Coffee.
- d. Chocolate.
- e. Spicy & fried food.
- f. Cheese.

Most of these relax upper valve of stomach and worsen reflux symptoms, while cheese delays stomach emptying and similarly affect symptoms.

### **4. Don't lie down for about two hours after you eat.**

Gravity helps to keep the stomach juices from backing up into the oesophagus and assists the flow of food and digestive juices from the stomach to the intestines.

### **5. Maintain a reasonable weight.**

Obesity increases abdominal pressure, which can then push stomach contents up into the oesophagus.

According to some statistics, approximately 35% of overweight persons experience heartburn.

The good news is that for many people, as little as a 10% decrease in weight will improve their heartburn symptoms.

### **6. Don't smoke.**

Nicotine relaxes the oesophageal sphincter.

Smoking also stimulates the production of stomach acid.

Read this article to learn other ways smoking can worsen heartburn.

## **7. Reduce or stop alcohol consumption.**

Alcohol similarly relaxes the oesophageal sphincter and stimulates acid production in stomach.

Stopping alcohol (or reducing to minimal amounts, at least) is strongly recommended.

## **8. Elevate your head a few inches while you sleep.**

Lying down flat presses the stomach's contents against the LES.

With the head higher than the stomach, gravity helps reduce this pressure.

You can elevate your head in a couple of ways.

You can place bricks, blocks or anything that's sturdy securely under the legs at the head of your bed.

You can also use an extra pillow, or a wedge-shaped pillow, to elevate your head.

Read this article for more tips on easing night-time heartburn.

## **9. Relax.**

While stress hasn't been linked directly to heartburn, it is known that it can lead to behaviours that can trigger heartburn.

Follow these relaxation tips to alleviate stress, and thus make stress-related heartburn less likely.

## **10. Don't wear belts or clothes that are tight fitting around the waist.**

Clothing that fits tightly around the abdomen will squeeze the stomach, forcing food up against the LES, and cause food to reflux into the oesophagus.

Clothing that can cause problems include tight-fitting belts and slenderizing undergarments.

## **11. Keep a heartburn record.**

Record what triggered your acid reflux episodes, the severity of each episode, how your body reacts, and what gives you relief.

The next step is to take this information to your doctor so the both of you can determine what lifestyle changes you will need to make and what treatments will give you maximum relief.

## **B Medical Management**

There is a separate leaflet for medical management.

Please ask your treating doctor for one as this contains specific information about a variety of medications or drugs with regarding their use, precautions etc.

Your medical management may involve the use of Gaviscon, ranitidine or a group of medications called proton pump inhibitors (PPI).

The latter may include familiar names such as omeprazole or lansoprazole.

As there are a number of different PPIs, it is best to discuss this with your treating doctor.

## **C Surgical Management**

There is a separate leaflet regarding standard surgical treatment of reflux disease, which is available from this hospital.

Please ask you're your treating doctor if you wish to consider or have been advised to go for surgical treatment.

Nowadays, this surgery is mostly done by key-hole technique and does not involve prolonged hospital stay or any significant complications after surgery.

However, as this surgery does have some short-term and occasionally longer term side effects, it is best to have detailed discussion with surgeon regarding the issues as well as long term results of surgery.

This is also important as every patient of reflux is not necessarily suitable for surgery.

Aintree Hospital provides experienced surgeons dealing with reflux using the key-hole technique.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Further information**

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## Sources:

**American Journal of Gastroenterology, "Updated Guidelines for the diagnosis and Treatment of Gastroesophageal Reflux Disease." The American College of Gastroenterology. Accessed on 21 May 2007.**

**"Nighttime Heartburn" The American Gastroenterological Association. Accessed on 21 May 2007.**

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