

Gastroesophageal Reflux

Gastroesophageal reflux is a commonly overlooked cause of throat complaints. Especially at night when people sleep, acidic gastric contents can flow through the esophagus to the throat, irritating the throat and voice box. Frequent complaints include hoarseness, a feeling of a lump in the throat, sore throat, indigestion and heartburn. Less frequently complaints include an acidic taste in the mouth or a history of ulcers. Fortunately the treatment of gastroesophageal reflux is straightforward.

1. Avoid late meals and going to bed with a full stomach. Avoid caffeine (coffee, tea, colas and certain carbonated beverages, chocolate and after-dinner mints). Avoid spicy, fatty or fried foods. Avoid tobacco. The three preceding substances can weaken the valve between the stomach and the esophagus, thus promoting reflux.
2. Over-the-counter antacids (Tums®, Mylanta®) should be taken at bedtime, and if symptoms are severe after meals. Gaviscon Foamtabs® seem to be particularly effective for this problem.
3. Weight loss in many instances will reduce reflux.
4. Eliminate symptoms by recruiting gravity. The head of the bed can be elevated six to eight inches with blocks, or a foam wedge can be placed on the mattress. This puts the torso on an incline, keeping the acid in the stomach.
5. In some cases an anti-ulcer medication (Pepcid®, Prevacid®, Prilosec®, Zantac®, Nexium®, Protonix®, Aciphex®) is needed to reduce stomach acid.
6. Consultation with a gastroenterologist may be necessary if symptoms persist.

Silent Reflux

Laryngopharyngeal Reflux (LPR)

WHAT IS SILENT REFLUX? WHAT IS LPR?

The term reflux comes from a Greek word that means "backflow" and it usually refers to the "back flow of stomach contents." Normally, once the things that we eat reach the stomach, digestion should begin without the contents of the stomach coming back up again..refluxing. The term Laryngopharyngeal Reflux (LPR) refers to the backflow of food or stomach acid all the way back up into the larynx (voice box) or pharynx (throat). LPR can occur during the day or night, even if a person who has LPR hasn't eaten a thing. Not everyone with reflux has a lot of heartburn or indigestion. This is why LPR is called silent reflux. The terms "silent reflux" and "LPR" are often used interchangeably. Because LPR is silent, it is sometimes difficult to diagnose.

WHAT IF I NEVER EXPERIENCE HEARTBURN?

Some people with LPR do have heartburn. Some people with LPR have heartburn only occasionally. ABOUT HALF OF THOSE WITH LPR NEVER EXPERIENCE HEARTBURN. This is because the material that refluxes does not stay in the esophagus for very long. In other words; the acid does not have enough time to irritate the esophagus and cause heartburn. However, even if small amounts of refluxed material come back into the throat, other problems can occur. This is because compared to the esophagus the voice box and throat are much more sensitive to injury and irritation from stomach acid. Also, LPR can sometimes affect a person's breathing and lungs.

HOW DO I KNOW IF I HAVE LPR?

Chronic hoarseness, throat clearing and cough as well as a feeling of a lump in the throat or difficulty swallowing may be signs that you have LPR. Some people do have heartburn, some have hoarseness that comes and goes, while others have problems with too much nose and throat drainage (mucous). If you have any of these symptoms – and especially if you smoke – you should ask your doctor about LPR. The specialist who treats LPR, an Otolaryngologist (Ear, Nose and Throat Physician) will probably perform a throat exam first to look at the voice box and lower throat. If this area looks swollen or red you probably have LPR. At that point, the doctor may recommend specific treatment or order more tests.

WHAT IS THE TREATMENT FOR LPR?

Treatment for LPR should be individualized and your doctor will suggest the best treatment for you. There are several treatments for LPR including

1. changing habits and diet to reduce reflux
2. medications to reduce stomach acid
3. surgery to prevent reflux.

Most people with LPR need to modify how and when they eat, as well as take some medication. Sometimes nonprescription liquid antacids such as Maalox®, Gelucil® and Mylanta® are recommended. These antacids should be taken four times daily – one tablespoon one hour after each meal and before bedtime. However, dietary and lifestyle changes alone are often not enough to control LPR. Prescription medications that reduce stomach acid are also usually needed.

ARE THERE ANY OTHER WAYS TO REDUCE REFLUX?

- QUIT tobacco – after every cigarette you have some LPR.
- Avoid tight clothing especially around the waist (trousers, corsets, belts)
- Don't lie down right after eating – don't eat within three hours of bedtime
- Maintain a low fat diet: limit red meat, butter, fried foods, chocolate, cheese, eggs
- Avoid caffeine; coffee, tea, cola and soft drinks
- Avoid alcoholic beverages, particularly in the evening

As always, if you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.