

EAR, NOSE, THROAT & ALLERGY CENTER
MARK WELCH D.O. & ANDREA WALL, N.P.

1715 N. Lynn Riggs Blvd., Claremore, OK
Telephone: (918) 341-5088

GERD AND LPR

Gastroesophageal Reflux Disease and Laryngopharyngeal Reflux

What is GERD?

Gastroesophageal reflux, often referred to as GERD, occurs when acid from the stomach backs up into the esophagus. Normally, food travels from the mouth down through the esophagus and into the stomach. A ring of muscle at the bottom of the esophagus, (lower esophageal sphincter), contracts to keep the acidic contents of the stomach from coming back up into the esophagus. In people who experience GERD, the ring of muscle does not contract adequately and acid moves back up the esophagus.

When stomach acid touches the sensitive tissue lining the esophagus and throat, it causes a reaction similar to squirting lemon juice on an open sore. This sensation is known as heartburn. In some cases, reflux can be silent, with no symptoms until a problem arises. Almost everyone has experienced reflux (GER), but the disease (GERD) occurs when reflux happens on a frequent basis often over a long period of time.

What is LPR?

During Gastroesophageal reflux, the acidic stomach contents may reflux all the way up the esophagus, beyond the upper esophageal sphincter, (muscle ring at the top of the esophagus), and into the back of the throat and possibly the back of the nasal airway. This is known as laryngopharyngeal reflux (LPR). This can affect anyone. Adults with LPR often complain that the back of their throat has a bitter taste, a sensation of burning, or something "stuck". Some may have difficulty breathing if the voice box is affected.

What are symptoms of GERD and LPR?

Some people have GERD without heartburn. Instead, they experience pain in the chest that can be severe enough to mimic the pain of a heart attack. The symptoms of GERD may include:

Persistent heartburn	Nausea
Acid regurgitation	Bad Breath
Hoarseness in the morning	Dry Cough
Trouble swallowing	Bitter taste in the mouth on waking
Feeling that food is stuck in your throat	

Who gets GERD and LPR?

Women, men, infants and children can all have GERD. This disorder may result from physical causes or lifestyle factors.

Physical causes include:

- Malfunctioning or abnormal lower esophageal sphincter muscles
- Hiatal hernia
- Abnormal esophageal contractions,
- Slow emptying of the stomach

Lifestyle factors include:

- Diet (chocolate, citrus, fatty foods, spices)
- Destructive habits (overeating, alcohol and tobacco abuse)
- Pregnancy

What are the complications of GERD and LPR?

- Throat and laryngeal inflammation and lesions that can lead to hoarseness
- Laryngeal (singers) nodules
- Airway stenosis (narrowing)
- Swallowing difficulties
- Throat pain
- Sinus and ear infections
- Change in the esophageal lining called Barrett's esophagus, which is a serious complication that can lead to cancer

How is GERD and LPR diagnosed?

In adults, GERD can be diagnosed or evaluated by a physical examination and the patient's response to a trial of treatment with medication. Other tests that may be needed include:

- An endoscopic examination (a long tube with a camera inserted into the nose, throat, windpipe or esophagus)

- Biopsy
- X-ray
- Examination of the throat and larynx
- 24 hour pH probe
- Esophageal motility testing (manometry)
- Emptying studies of the stomach
- Esophageal acid perfusion (Bernstein test)
- Acid reflux testing

Endoscopic examination of the nose, throat and windpipe are performed in the office. Other procedures are commonly performed as an outpatient or in a hospital setting.

How is GERD and LPR treated?

Most people respond favorable with a combination of lifestyle changes and medication. On occasion, surgery is recommended. Medications that can be prescribed include antacids, histamine antagonists, proton pump inhibitors, pro-motility drugs and foam barrier medications. Some of the medications are available over the counter and do not need a prescription.

Lifestyle changes include:

- Avoid eating and drinking within 2-3 hours prior to bedtime
- Do not drink alcohol
- Eat small meals and slowly
- Lose weight
- Quit smoking wear loose clothing
- Limit problem foods (**caffeine, carbonated drinks, chocolate, peppermint, tomato and citrus foods, fatty and fried foods**).