



Patient Counseling Report

# ➤ GASTROESOPHAGEAL REFLUX

## WHAT IS GASTROESOPHAGEAL REFLUX?

Stomach contents contain acid and a digestive enzyme which can irritate or damage the esophagus and cause severe burning or difficulty breathing. Individuals with gastroesophageal reflux disease (GERD) experience a reflux of the stomach contents into the esophagus. This happens because the lower esophageal sphincter (LES), which connects the esophagus to the stomach, does not close completely. If symptoms persist, and GERD is left unchecked, complications can arise.

### HOW IS GERD DIAGNOSED?

GERD can often be found through a screening procedure called an endoscopy in which a tube-like device is used to examine the lining of the esophagus, stomach and the duodenum for changes that may indicate reflux or Barrett's esophagus. Biopsies, which are small samples of the tissue, may be taken during the procedure and reviewed by a pathologist to determine if reflux induced changes are evident, and if Barrett's esophagus has developed.

### WHAT ARE THE SYMPTOMS OF GERD?

The main symptoms associated with GERD include heartburn and/or chest pain caused by the regurgitation of acid. Heartburn is the most common of these symptoms and is experienced by many individuals.

### WHO IS AT RISK FOR DEVELOPING GERD?

The cause of GERD has not been identified, however there are many factors that contribute to GERD.

Some of these factors include:

- Eating a lot of fatty foods, cigarette smoking, alcohol, chocolate and caffeine
- Overeating
- Delayed gastric emptying in which the stomach empties its contents more slowly than normal.
- Pregnancy
- Obesity

### ARE THERE COMPLICATIONS THAT CAN RESULT FROM GERD?

There are several possible complications associated with GERD. GERD can cause ulcers, an abnormal narrowing of the esophagus or even a pre-cancerous change in the cells of the esophagus known as Barrett's esophagus.

Barrett's esophagus is a condition that is associated with an increased risk of cancer. Most individuals are not diagnosed until a later age. However, it is usually difficult to determine when the problem started. An individual with Barrett's esophagus has a 30 to 125 times higher risk of developing cancer than people who do not have Barrett's esophagus.

### WHAT TREATMENT OPTIONS DO I HAVE?

Treatment will vary depending on the stage of your GERD. The treatment alternatives may range from a simple lifestyle change to medication or to surgery. Only a physician can determine the most appropriate treatment.

**Lifestyle Change:** For some individuals, lifestyle changes such as quitting smoking or drinking or losing weight may be enough to alleviate the symptoms of GERD.

**Medication:** If changes in the lifestyle are not possible or appropriate, medication may be required. There are several antacids available over the counter that your physician may recommend to neutralize the acid in your stomach. There is also another group of drugs, called prokinetics, which will help to strengthen the sphincter between the esophagus and stomach and make the stomach empty faster.

**Surgery:** When lifestyle changes and medication are not effective, surgery may be an appropriate alternative. An anti-reflux procedure can be performed to tighten the sphincter.

**Follow-up Endoscopy for Barrett's:** If Barrett's esophagus is discovered, your physician may recommend a follow up endoscopy to monitor the changes on the surface of your esophagus.

### WHAT ELSE SHOULD I ASK MY DOCTOR?

Are there any other tests that we need to perform?

What treatment do you suggest?

What are the benefits and risks of this type of treatment?

What are the chances of recurrence after my treatment plan?

### WHERE CAN I FIND MORE INFORMATION?

American Gastroenterological Association: [www.gastro.org](http://www.gastro.org)

American College of Gastroenterology: [www.acg.gi.org](http://www.acg.gi.org)

American Society for Gastrointestinal Endoscopy: [www.asge.org](http://www.asge.org)