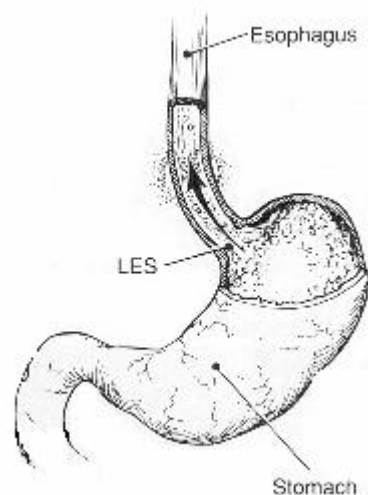


## What is Reflux Esophagitis?

Reflux esophagitis is better known as “heartburn.” It is often felt behind the breast-bone as a burning chest discomfort, feeling of food coming back into the mouth as an acid or bitter taste. It mostly happens after meals and last a couple of minutes to a couple of hours. It may not be relieved by rest nor be caused by exercise, and may become worse if you lie flat or bend over. It often causes a bad taste in the mouth, loss of tooth enamel, chronic sore throat, hoarseness, choking, cough or wheezing.

In the U.S., about 10 percent of the population suffers from heartburn. It is a very common complaint of pregnant women. Relief can be obtained by standing upright or taking an antacid.



## What causes Reflux Esophagitis?

The esophagus (your swallowing tube) is the structure, which connects the stomach to the mouth. At the bottom of this tube is a small, round muscle called the lower esophageal sphincter (LES). This sphincter muscle opens to allow food to pass into the stomach but quickly closes to keep the stomach contents from going back into the esophagus.

When this muscle is too weak or relaxes at the wrong time, stomach acid is able to travel back into the esophagus. This is called “reflux,” and occurs most often after big meals or when lying down at night after a late, large dinner. The stomach acid irritates the lining of the esophagus and after a period of time, the lower esophagus becomes red and irritated.

## Are there tests for Esophagitis?

Several test are used to look for esophagitis. GASTROSCOPY allows a doctor to look for damage to the lining of the esophagus. If abnormalities are seen, painless biopsies can be done and sent for analysis.

ESOPHAGEAL MOTILITY is another test used to see the functioning of the muscle in the lower esophagus by a very thin catheter. Pressures are measured and analyzed with the aid of a computer. At the same time, 24-hour pH MONITORING can be recorded using computer chip technology.

## Treatment of Reflux Esophagitis

Many things can be done to prevent or relieve the symptoms of “heartburn.”

- ❖ Avoid foods that tend to cause the problem, especially fatty foods, coffee, tea, cocoa and cola beverages.
- ❖ Decrease the amount of food and calories you consume. Overweight patients seem to have more symptoms than others, so losing unwanted weight may help.
- ❖ Do not eat three (3) hours before bedtime.
- ❖ Avoid lying down after eating in order to decrease possible reflux into the esophagus. Also avoid bending forward, heavy lifting, wearing girdles or belts, and forcing bowel movements.
- ❖ If you smoke try to stop or at least cut down. Smoking tends to increase the amount of stomach acid you produce and decrease LES pressure.
- ❖ Elevate the head of your bed six to eight inches on blocks to help keep stomach acid from backing up.
- ❖ Liquid antacids that you can buy over the counter may help protect the esophagus and decrease stomach acid.
- ❖ Proton pump inhibitors may work by blocking acid production in the stomach.

## **Complications of heartburn**

If heartburn is not treated, the inflamed area may bleed slowly. Too much blood loss may cause low blood count.

Damage to the lower esophagus may also cause scars to form. Too much scarring causes the lower end of the esophagus to narrow, making it harder and harder to swallow. Some patients with severe scarring may have trouble swallowing. The scars can often be deleted by endoscopic treatment methods.

## **Is surgery needed?**

In severe cases when medical treatment is not successful, surgery may be used to correct the problem. The lower esophageal muscle can be made stronger by wrapping the top part of the stomach around it. This operation is called a “wrap.” Which is easily performed using laparoscopes. Laparoscopic “wrapping” has been shown to be effective and long-standing treatment in selected patients.

For more information, call Dr. Atilla Ertan at 713-794-0001.

## **NOTES**

# **Reflux Esophagitis**

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