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due to acid and other digestive juices refluxing (flowing back up) from your stomach. The acid escapes upwards through a leaky valve (sphincter—in medical terms) and causes heartburn and sometimes extensive damage to the lower section of the oesophagus.

And where does the hiatus hernia fit in?

It is now clear that (a) hiatus hernias (the displacement of part of the stomach up into the chest) are not usually the cause of reflux or of any symptoms and that (b) the cause of reflux seems to be a leaky valve.

What makes the valve leak?

In many instances, we don't know. Cigarette smoking, drinking alcohol and taking some prescribed drugs can weaken the valve temporarily. It is also weakened in late pregnancy due to hormonal factors.

How do I know if I have reflux?

Most sufferers experience heartburn and bitter aftertaste, particularly after large meals or on stooping or lying flat. If you often have indigestions or take lots of antacids, you may be suffering from oesophageal reflux.

Far less commonly, some people learn they have reflux or oesophagitis only if they find food gets stuck or it hurts to swallow.

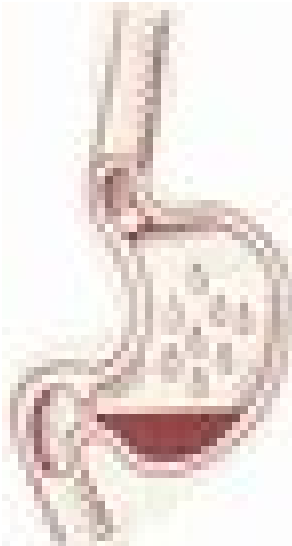
In middle-aged people, the central chest pain of reflux may sometimes mislead patients and doctors to fear serious heart disease.

Is oesophageal reflux serious?

Virtually never. Most people can be made free of symptoms with simple advice and treatment. The complaint of difficulty in swallowing (i.e. food getting stuck behind the breast bone) must always be taken seriously however, as this may be due to an entirely different and possibly serious disease.

How will the doctor know that the problem is reflux?

Your doctor will usually make the diagnosis by simply listening to your story and examining you. If there is doubt, he may advise X-rays or endoscopy. Endoscopy is a simple examination which allows the lining of the oesophagus to be examined carefully and biopsies (small snips of lining) to be taken for examination by a pathologist.



What treatment will my doctor prescribe?

The first treatment offered may be antacids. Antacids simply neutralise gastric acid in the oesophagus. It is difficult to give enough antacid to neutralise all the acid produced in your stomach. Another remedy used is an antacid-alginate combination which is taken as a liquid after meals.

Drugs which reduce the acid secretion by the stomach are also effective and these are frequently prescribed when other measures fail.

Will I be on drugs permanently?

The answer for most heartburn sufferers is no, particularly if you have made the effort to reduce weight, to stop smoking and to cut down on your alcohol intake.

How do I know if surgery is necessary?

The process of reaching a surgeon for consideration of what is called anti-reflux is usually lengthy and you are left in no doubt that surgery is appropriate. If in doubt, ask for a further opinion.

Are there other things I should know about oesophageal reflux?

It can affect very young children, but usually is a problem only later in life.

Reflux symptoms in pregnancy very rarely persist after your baby is born and antacid treatment in the last months of pregnancy is believed to be quite safe.

Heartburn sometimes seems to be provoked or made worse by worry, stress and depression. Don't be surprised if your doctor enquires about these aspects of your life.

Long term medications are usually safe. Antacids have been used for many years and H₂-receptor antagonists like Tagamet now have ten years of safe experience behind them.

A small number of drugs can damage the oesophagus and produce symptoms similar to those of reflux. Take note if your doctor or pharmacist advises you to take medications with food or water.

If you have any further questions, please ask your doctor or pharmacist.