

Family Medicine Clerkship Plain Language Summary

Title: Medical versus Surgical Solutions for Acid Reflux

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Plain Language Summary:

Gastroesophageal reflux disease (GERD) is a disorder that occurs when food and acid backflow from the stomach back into the esophagus (a tube connecting the mouth to the stomach). In healthy people, occasional backflow of food can be a normal occurrence, but in people with GERD, this backflow, or reflux, occurs frequently and can be very uncomfortable. Food and stomach acid are normally prevented from going back to the esophagus by the esophageal sphincter (a valve-like ring of muscle at the end of the esophagus). When this muscle relaxes too often or is weak, GERD can occur. GERD can affect people of any age or sex. Because reflux allows stomach acid into the esophagus, a main symptom of GERD is frequent heartburn and a bitter acid taste in the mouth. If stomach fluid gets high enough in the esophagus, it can cause coughing as well. Certain foods seem to make GERD worse, such as chocolate, citrus fruits, spicy and tomato-based foods, caffeine, and alcohol. Eating just before going to bed can also make GERD worse.

If you are having symptoms of GERD more often than a couple times per week, it's time to start thinking about treatment. Untreated GERD is not only uncomfortable to live with, but can also lead to problems in the future. GERD can cause irritation of the esophagus known as esophagitis, scarring and narrowing of the esophagus, sores in the esophagus known as ulcers, and an increased risk of cancer of the esophagus.

Sometimes lifestyle changes are enough to control GERD symptoms. Changes like stopping smoking, avoiding certain foods, losing weight if necessary, and eating no later than 3 hours before going to sleep or lying down can help make symptoms more manageable. If that is not enough, you may get relief from over-the-counter antacid tablets or medications that reduce production of acid in the stomach.

If GERD is still causing frequent discomfort for you, ask your doctor about a more powerful treatment option. One option would be taking a pill every day called a proton pump inhibitor. This is a prescription strength medication that causes the stomach to produce less acid. Because this medication does not fix the sphincter muscle at the top of the stomach, you will still have some backflow of food into the esophagus, but it should not be acidic and painful if you are on this medication. For most people, this pill is safe to use every day. Some patients shouldn't take this medication, however, including people who have problems with thinning bones, people who have problems with their liver, and people who take certain blood thinner medications.

For people with GERD symptoms who shouldn't use a proton pump inhibitor or patients who don't want to take a pill every day, surgery is another option that your doctor may recommend. It has been shown that surgery is just as effective at controlling symptoms as proton pump inhibitors. The operation used to correct GERD is called a Nissen Fundoplication, which can now be done laparoscopically, using small incisions and a camera. During the operation, the top part of the stomach is wrapped around the very bottom of the esophagus and stitched in place. This reinforces the esophageal sphincter, helping it to stay closed when there is food in the stomach. Surgical treatment of GERD has been shown to be better at controlling food and acid regurgitation than treatment with medication. However, some patients feel that swallowing is more difficult

after the procedure and some have more trouble with bloating or gas.

GERD is uncomfortable to live with and can cause serious health problems if left untreated. For severe GERD that does not get better with lifestyle changes, either treatment with daily proton pump inhibitors or surgical treatment offer long-term relief for about 85-92% of people. If you are living with the frequent discomfort of GERD, talk to your doctor about which treatment may be best for you.

Additional Resources:

National Library of Medicine: www.nlm.nih.gov/medlineplus/gerd.html

Key Words:

GERD, Heartburn, Acid Reflux, Surgery, Medication

This document was created by a medical student enrolled in the Family Medicine Clerkship at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up-to-date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.