

Gastro-Oesophageal Reflux Disease (GORD)

What is GORD?

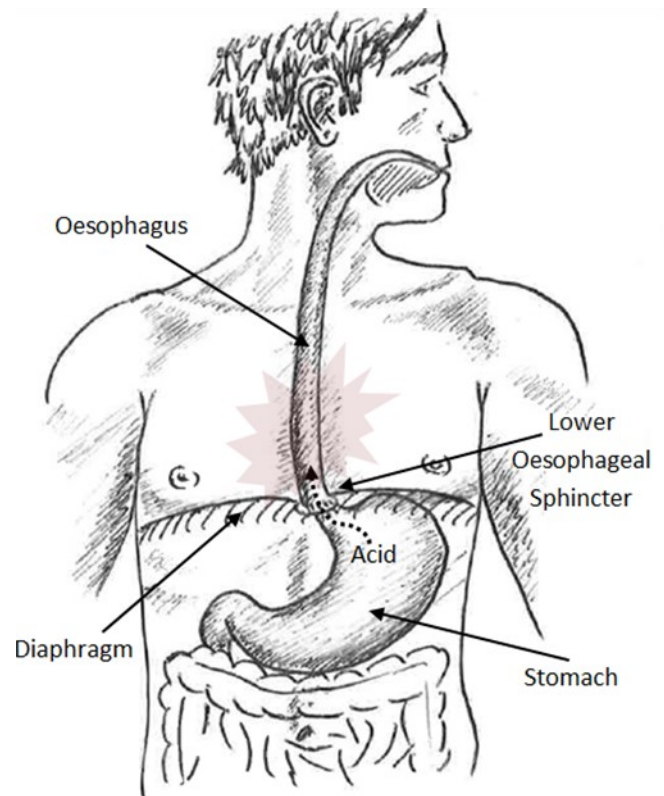
Gastro-Oesophageal Reflux Disease (GORD for short) is the term used for a range of conditions where the stomach acid rises up into the food pipe (oesophagus) and sometimes up into the throat.

This can be uncomfortable causing heartburn or chest pain. Other symptoms may be tasting acid in the mouth, feeling bloated, burping and indigestion or persistent night-time cough. Up to 1 in 5 people have GORD.

How did I get GORD?

Normally there is a band of muscle (sphincter) at the top of the stomach that relaxes to allow food to go down into the stomach but then contracts for the remainder of the time to prevent stomach contents leaking back up. Weakening or poor function of this muscle is the cause of GORD in some patients. Other causes include:

- Hiatus Hernia – where part of the stomach itself protrudes up through the diaphragm into the chest
- Smoking – in addition to all the other reasons why you should stop smoking, smoking also worsens your reflux
- Alcohol – even in moderation, it will likely worsen your reflux
- Caffeine
- Pregnancy – changes in hormone levels and pressures in the stomach
- Medications – anti-inflammatory medications for pain (e.g. aspirin, ibuprofen etc.), some antibiotics and some blood pressure medications and antidepressants – check with your doctor to see if any of your medications may be contributing to your symptoms
- Other medical conditions can contribute to development of GORD including Diabetes and some connective tissue diseases.



What problems can GORD cause?

- Scarring and narrowing of the oesophagus which can impair your ability to swallow
- Ulcers and bleeding
- 10% of people with GORD develop Barrett's Oesophagus – inflammation and ulcers which put you at risk of getting cancer — this needs careful monitoring and treatment.

GORD has also been implicated in contributing to tooth decay, inflammation of the vocal cords, chronic coughs and sinusitis.

How do I know if I have GORD?

Your doctor may diagnose you with reflux from your symptoms and your response to medications. Further testing may be needed if the medications do not work, if symptoms recur, or if you get other concerning features.

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What tests might I need?

Endoscopy is a simple test, usually taking less than 15 minutes, where after a light sedation, a tiny camera on the end of a flexible tube is passed down your oesophagus and into your stomach. Small tissues samples (biopsies) may be taken if needed. Endoscopy is also used to exclude stomach ulcers, cancer and H Pylori infections which can increase acid production.

Your doctor may consider other tests like a Barium Meal or Oesophageal Pressure assessment.

There are a number of medical conditions that mimic the symptoms of reflux. For these conditions, other tests may be required. Pain from the heart, the oesophagus and other structures in the chest can often be very similar and difficult for patients and even doctors to tell apart. Your doctor will have carefully considered this during your hospital visit and will be sending you home only if they believe it is safe to do so.

What treatments are available?

Doing the following will help you get better:

- Stop smoking. Now is the time. Stopping will likely improve your symptoms, your general health and your life expectancy.
- Avoid large meals and avoid those foods that you find make symptoms worse (e.g. fatty meals, alcohol, tomatoes, spicy foods, coffee, chocolate and hot drinks)
- Lose weight if you are overweight
- Don't eat within 2 hours of lying down or going to bed at night
- If symptoms are still bad at night, prop up the end of your bed by 15cm so that it is on a slight angle (head up) by placing e.g. a phone book under the bed head.

- Taking antacids from the chemist can also help with immediate relief of symptoms but they tend to recur quite quickly afterwards. Speak to your local pharmacist but some examples are Mylanta, Quick-Eze and Ranitidine.

The most effective way of treating reflux disease is with the prescription medications called Proton Pump inhibitors which reduce the amount of acid that your stomach produces. These are effective at both reducing the symptoms of reflux as well as allowing for the healing of ulcers and erosions that may have developed.

In some patients laparoscopic or keyhole surgery can be considered to repair a hiatus hernia and to strengthen the lower oesophageal sphincter.

You should speak with your doctor to determine the best treatment and follow-up plan for you.

When should I seek help?

You should see your doctor if:

- You start vomiting blood
- There is a change in your faeces — they go black (melaena) or you see blood in them
- Feeling tired or short of breath
- Your symptoms worsen or change or you have other concerns.

Seeking help:



In a medical emergency go to your nearest emergency department or call 000.

