When It's More Than Just Heartburn

Written by Board Certified Surgeons

Ryan Garry, MD, Jesse Kampshoff, MD & Luke Serck, MD

Heartburn affects 1 in 5 people on a weekly basis. If you are a regular heartburn sufferer, you need to know about GERD. Although it is the most common symptom, Gastroesophageal reflux disease (GERD) is more than just heartburn. GERD is a condition in which stomach acid refluxes into your esophagus. The constant acid reflux can irritate the lining of your esophagus and cause inflammation. Such ongoing irritation can lead to complications such as narrowing of the esophagus, ulcers and even a slightly increased risk of esophageal cancer.

Common signs and symptoms of GERD include:

- Heartburn burning sensation in your chest, sometimes spreading to the throat, along with a sour taste in your mouth.
- Chest pain, especially while lying down
- Difficulty swallowing (dysphagia)
- Coughing, wheezing, asthma, hoarseness or sore throat
- Regurgitation of food or sour liquid

When you swallow, a circular band of muscle around the bottom part of your

esophagus called the lower esophageal sphincter relaxes to allow food and liquid to flow down into your stomach and then closes again. Frequent heartburn occurs when this valve abnormally relaxes or weakens allowing stomach acid to flow back up into your esophagus. Bending over or lying down causes the acid backup to be worse. This constant backwash of acid can irritate the lining of your esophagus, causing it to become inflamed (esophagitis). Over time, the inflammation can erode the esophagus producing bleeding, or narrowing the esophagus, causing difficulty swallowing or even breathing problems. When there's evidence of esophageal irritation or inflammation as noted by a physician, you have GERD. However, many people with GERD will have a normal-appearing esophagus despite symptoms.

Some factors that can make GERD worse include:

 Certain foods including fatty foods, spicy foods, chocolate, caffeine, onions, tomato sauce, carbonated beverages and mint

- Alcohol
- Large meals
- Lying down soon after eating
- Certain medications, including sedatives, tranquilizers and calcium channel blockers for high blood pressure
- Cigarette smoking

Difficulty with digestion can increase the risk of GERD with these conditions:

- Obesity
- · Hiatal hernia
- Pregnancy
- Asthma
- Diabetes
- Peptic ulcer
- Delayed stomach emptying
- Connective tissue disorders
- Zollinger-Ellison syndrome

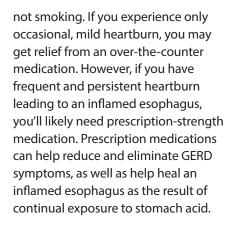
Most people can manage the discomfort of heartburn with lifestyle modifications such as weight control, eating smaller meals, loosening your belt, eliminating heartburn triggers, avoiding stooping or bending, not lying down after a meal, raising the head of your bed and



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You may need further medical care, possibly surgery, if you experience:

- Symptoms that persist even though you're taking prescription medications
- · Difficulty swallowing
- Regurgitated blood
- Stool that's black
- Weight loss

Surgery may be recommended if you can't tolerate the medications, you can't afford their long-term use or your physician determines that the medications are ineffective.

Your physician may also recommend surgery if you have any of these complications:

- · Large hiatal hernia
- Severe esophagitis, especially with bleeding
- Recurrent narrowing (stricture) of the esophagus
- Severe pulmonary problems, such as bronchitis or pneumonia, due to acid reflux
- GERD that is not controllable by medication

Most problems with heartburn are shortterm and mild. Talk to your physician if you have severe or frequent discomfort, or you experience any of the other symptoms of GERD:

- Heartburn several times a week
- Heartburn that returns soon after your antacid wears off
- · Heartburn that wakes you up at night
- Difficulty swallowing

GERD sufferers need not suffer without help and intervention. Call your doctor today!

For more information or to schedule an appointment, please call 605-664-2742.