



Acid Reflux FAQ

THERE ARE TWO MAIN TYPES OF ACID REFLUX DISORDERS

GERD – GASTROESOPHAGEAL REFLUX DISEASE & **LPR** – LARYNGOPHARYNGEAL REFLUX.

LPR, a problem with the upper control valve of the esophagus (i.e., upper esophageal sphincter), will present with problems ranging from hoarseness, voice changes, globus (feeling of something in the back of the throat), frequent throat clearing/cough or increased mucus drainage.

GERD, a problem with the lower control valve of the esophagus (i.e., lower esophageal sphincter), will present with the classic, and more well known, symptoms of heartburn, indigestion or regurgitation, with symptoms usually worsening after eating.

If left untreated, both disease processes can lead to further complications, including the development of Barrett's Esophagus (a precancerous change).

Both disease processes are treated in similar ways, including **diet modifications, lifestyle modifications and a medication regimen.**

COMMON GERD SYMPTOMS

- No late-night meals
- Avoid fatty foods (esp. animal and dairy)
- Avoid mint and mint-flavored foods
- Avoid spicy foods
- Avoid chocolate
- Avoid caffeine
- Avoid citrus
- Avoid alcohol
- Quit smoking

LIFESTYLE MODIFICATIONS

- Sleep with the head of your bed elevated
- Ensure you are not lying down within two hours of eating
- Avoid wearing tight-fitting clothing (esp. in the waist and belly)
- Oftentimes losing even five to ten pounds of excess weight can result in a drastic improvement in symptoms

MEDICATION REGIMEN

While there are many types of medications available (Tums, Zantac, Roloids, etc.), research has shown the best approach to treating LPR is a short-term, high-dose course of Proton Pump Inhibitors (PPIs) with or without the addition of an H2 Blocker.

PROTON PUMP INHIBITORS (PPI)

- Prilosec (Omeprazole)
- Nexium (Esomeprazole)
- Protonix (Pantoprazole)
- Prevacid (Lansoprazole)
- Dexilant (Dexlansoprazole)

H2 BLOCKERS

- Zantac (Ranitidine)
- Tagamet (Cimetidine)
- Pepcid (Famotidine)

- If you are prescribed a **PPI** to be taken **once a day**, it is extremely important you take the medication **30-60 minutes before breakfast (or the largest meal of the day)**. You will only receive a small fraction of the PPI benefits if you fail to eat 30-60 minutes after taking it.
- If you are prescribed a **PPI** to be taken **twice a day**, it is extremely important you take the medication **30-60 minutes before breakfast and then again 30-60 minutes before dinner**.
- Lastly, if you are also prescribed an **H2 Blocker**, it is extremely important you **take it right before bedtime and not directly before, or with, the PPI**.

- The goal of LPR treatment is to resolve your symptoms and then begin reducing the frequency or amount of medication you are taking.
- So, **once your symptoms are under control**, I will ask you to stop your medication and only take the **PPI when you have a recurrence of symptoms**. This treatment, along with the diet and lifestyle modifications, can provide you with long-term symptom resolution.

As a Christian, I strongly believe in prayer and pray for all of my patients, especially during surgery. If you would like me to pray with you and your family, please ask.

DO NOT hesitate to contact our office for any emergency at **580-421-6470**. If a problem should arise when the office is closed, you may have us paged through the Mercy Hospital, ADA Operator at **580-332-2323**; or go directly to the nearest Emergency Room.

More information can be found at www.LandrumENT.com.