



EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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HEARTBURN LARYNGOPHARYNGEAL REFLUX AND GASTRO ESOPHAGEAL REFLUX

WHAT IS REFLUX, GERD AND WHAT IS LPR?

The term REFLUX comes from Greek word that means “back flow” and it usually refers to the back flow of stomach contents”. Normally, once the things that we eat reach the stomach, digestion should begin without the contents of the stomach coming back up again.....refluxing.

The term LARYNGOPHARYNGEAL REFLUX (LPR) refers to the back flow of food or stomach acid all of the way back up into the larynx (the voice box) or the pharynx (the throat). LPR can occur during the day or night, even if a person hasn't eaten a thing during the previous 2-3 hours.

MANY PEOPLE WITH LPR DON'T HAVE HEARTBURN.... WHY IS THAT?

Some people with LPR have a lot of heartburn but, people who have LPR usually don't have heartburn very often. In fact, half of the people who have LPR never have heartburn at all. This is because the material that refluxes does not stay in the esophagus for very long. In other words, the acid does not have enough time to irrigate the esophagus

However, if even small amounts of refluxed material come all of the way up into the throat, other problems can occur. This is because compared to the esophagus, the voice box and throat is much more sensitive to injury and irritation from stomach acid.

HOW DO I KNOW IF I HAVE LPR?

Sore throat, chronic hoarseness, throat clearing, and cough, as well as a feeling of a lump in the throat or difficulty swallowing, may be signs that you have LPR. Some people do have heartburn, too. Some people do have hoarseness that comes and goes, and others have a problem with too much nose and throat drainage, mucus or phlegm.

If you have any of these symptoms, and especially if you smoke, you should ask your doctor about LPR. The specialist who most often treats people with LPR is the Otolaryngologist (Ear, Nose, and Throat Physician), or Gastroenterologist.

If your doctor thinks that you could have LPR, he or she will probably perform a throat exam first and look at the voice box and the lower throat. If this area looks swollen and /or red, you may have LPR. At that point, your doctor may order some test or recommend specific treatment.

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WHAT TEST MIGHT MY DOCTOR ORDER?

If your doctor orders tests, this is to be sure about your diagnosis, to make sure that you don't have any complications of LPR, and to help pick the best type of treatment for you.

The two most common test for LPR are GI upper endoscopy (EGD). Barium swallow. These two test are different, and it is common to have both test done. Ph monitoring may also be done.

Barium Swallow is a x-ray in which you must swallow chalky, liquid material that can be seen on x-rays. This test shows how you swallow and it shows if there is a narrowing or other abnormality of the throat or esophagus. It is a good test to evaluate the entire swallowing mechanism.

Upper GI Endoscopy- The patient is sedated and a flexible fiber optic scope is inserted into the esophagus and stomach to inspect it visually.

HOW IS LPR TREATED?

Treatment for LPR should be individualized, and your doctor will suggest the best treatment for you. Generally, there are several treatments for LPR:

- 1) Changing lifestyle habits and diet to reduce reflux,
- 2) Medications to reduce stomach acid, and
- 3) Surgery to prevent reflux

Most people with LPR need to modify how and when they eat, as well as take some medication to get well.

TIPS FOR REDUCING GERD AND LPR

Control your lifestyle and your diet!

- If you use tobacco or alcohol: Quit.
- Don't wear clothing that is too tight, especially around the waist (trousers, corsets, belts).
- Elevate bed 6". Do not use extra pillows.
- Avoid caffeine (especially cola), acid foods such as tomato products, spicy/peppery or greasy foods, and mints.
- Weight loss.

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WILL I NEED LPR TREATMENT FOREVER?

Most patients with LPR require some treatment, most of the time, and some people need medicine all of the time. Some people recover completely for months or years, and then may have a relapse.

For example with severe LPR, or people who cannot take reflux medicine, “antireflux” surgery (to create a new and better stomach valve) may be recommend. In people who have this surgery, most get good relief from LPR for many years.

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WHAT KIND OF PROBLEMS CAN LPR CAUSE, AND ARE THEY SERIOUS?

LPR can cause noisy breathing choking episodes, breathing problems (such as asthma or bronchitis), and very uncommonly, cancer of the esophagus, throat, or voice box. (For cancer to develop as a result of LPR, the LPR must be very severe and go untreated for many years.)

CAN CHILDREN GET LPR OR GERD?

Yes, throat and lung breathing problems in infants and children can be caused or worsened by LPR. LPR is more difficult to diagnose in children, so infants and children who may have LPR should be taken to specialist for testing. GERD is usually associated with indigestion and heartburn.

Websites:

www.medlineplus.gov

www.webmd.com

www.ent.org

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