

HEARTBURN LARYNGOPHARYNGEAL REFLUX AND GASTRO ESOPHAGEAL REFLUX

Saline Solution:

1 Tsp Salth & Tsp Arm & Hammer Baking Soda
Add to 1qt (1L.) warm water

-OR-

¼ Tsp Salt & ¼ Arm & Hammer Baking Soda
Add to 1 cup (8 oz) warm water.

Use as sniff, spray or in larger quantities- use syringe or waterpik with nasal adapter. Your nose should be irrigated 2-3 times per day with bulb syringe, large medical syringe or waterpik with a special tip that is available at many pharmacies. To irrigate your nose draw the warm saltwater into syringe, leaning over the sink place the tip of the syringe into the nose, squirt the water straight toward the back of the head. Allow the solution to drain back out. Then switch to the other side. You are doing this correctly if you can taste the saltwater or if you can spit it out. If you prefer, it is also effective to breathe the solution directly into the nose. We recommend using warm water as it is much more comfortable. The amount of salt used will depend on your tolerance. Sea Salt or table salt can be used.

The Benefits of hypertonic saline irrigations are threefold.

1. The solution acts as a solvent to clean mucus, crust and other debris from the nasal passage.
2. The solution decongests the nose because of the high salt concentration fluid is pulled out of the mucosal membrane, shrinking the membrane. This improves nasal air flow and opens sinus passages.
3. The solution improves nasal drainage. Studies have shown that saltwater cleansing of the nasal membranes improve ciliary beating so that normal mucus is transporting from the sinuses through the nose into the throat.

If you are using a nasal steroid, such as Nasonex or Flonase, cleanse the nose first with the saltwater before using your nasal spray. The nasal steroid is most effective when sprayed onto clean nasal membranes, and it reaches deeper into the nose after cleansing and decongesting.

Items available to purchase at the office:

Rhinaris Spray (Moisturizing Spray); Rhinaris Gel (Moisturizing Ointment)

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 tests for LPR are GI upper endoscopy (EGD). Barium swallow. These two tests are different, and it is common to have both tests 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.
- **WILL I NEED LPR TREATMENT FOREVER?**

Most patients with LPR require some treatment, most 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.

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.)

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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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