



Dr. Michael R. Kaczanowski
On:

HEARTBURN AND REFLUX

Reflux occurs when stomach contents flow backwards into your food pipe (esophagus). It can be very irritating to the lining of the esophagus and may cause symptoms such as heartburn. It is very common and the majority of people can handle the discomfort of occasional heartburn with simple lifestyle changes or over-the-counter medications.

When reflux occurs more than twice a week, or it interferes with your life, doctors refer to this as Gastro-esophageal reflux disease (GERD). For people with GERD, these symptoms can be severe, and relief may require much stronger medications or even surgery.

SYMPTOMS:

Signs and symptoms of GERD may include:

- Heartburn, or a sense of burning in your chest
- Sour taste in your mouth
- Hoarseness, dry cough, or a lump in the throat
- Regurgitation of food or liquid
- Difficulty swallowing (dysphagia)
- Chest pain*

**If you experience chest pain, especially if it is accompanied by sweating, arm or jaw pain, or shortness of breath, you should seek immediate medical attention as these may be symptoms of a heart attack.*

RISK FACTORS

Several conditions increase your risk of GERD:

- Pregnancy
- Obesity
- Smoking
- Asthma
- Diabetes
- Delayed stomach emptying

Other uncommon conditions may contribute to GERD as well, such as connective tissue disorders like scleroderma or a rare type of tumor called a gastrinoma.

COMPLICATIONS:

While most people only experience some discomfort with GERD, chronic inflammation of the esophagus can lead to very dangerous complications, including:

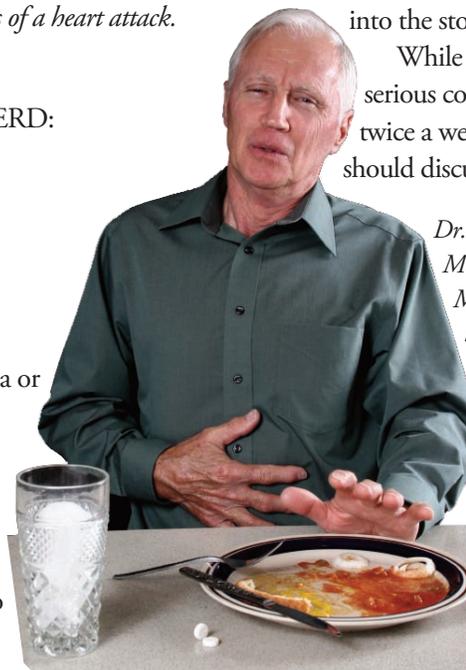
- Ulcer – this is an open sore in the esophagus that can be painful, make swallowing difficult, or bleed.
- Stricture – this is a narrowing of the esophagus caused by scar tissue which may make swallowing difficult.
- Barrett's Esophagus – this is a condition in which the cells of the esophagus change. It is associated with a risk of esophageal cancer.

TESTS AND PROCEDURES:

If you frequently experience reflux, have a poor response to medications, or your doctor feels you may be at risk for one of the complications above, further testing may be suggested. Common tests include:

- Barium esophagram or Upper GI Series involves drinking a chalky liquid that coats the digestive tract making it visible by X-ray.
- Endoscopy (EGD) during endoscopy, the doctor passes a very thin, flexible camera down your throat into the stomach. It allows the doctor to closely examine the lining of the digestive tract. Small surgical instruments can be used through the camera to take samples (biopsy) if necessary.
- Acid-measuring (pH) testing measures the characteristics of your reflux, including how strong the acid is, how far it travels, and how often. This may be done by using either a very thin tube passed from your nose into your stomach, or a small clip attached to your esophagus during an endoscopy.
- Impedance testing is another type of reflux test that measures the electrical properties of the material backing up into the esophagus. The test uses a very thin tube passed from your nose into your stomach.
- Manometry – sometimes irregular movement or weakness of the muscles of the esophagus can lead to reflux or difficulty swallowing. This test also uses a thin tube passed from the nose into the stomach.

While GERD is a very common condition, it may have serious complications. If you experience reflux more than twice a week, or if it interferes with your daily activities, you should discuss this with your doctor.



Dr. Michael Kaczanowski is board certified in Internal Medicine, and Gastroenterology and has served the greater Manchester community for the past several years. He received his medical degree from St. George's University School of Medicine, Grenada and completed his residency at Norwalk Hospital, Yale University teaching affiliate, Norwalk, CT. Here he held the position of Chief Medical Resident and obtained a Fellowship in Gastroenterology and Hepatology. Dr. Kaczanowski has published on the use of wireless capsule endoscopy for diagnosis of small bowel neoplasms and his area of special interest is in the detection of colon cancer, esophageal disease and swallowing disorders.

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