

EAR, NOSE AND THROAT ASSOCIATES OF CHESTER COUNTY

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GASTROESOPHAGEAL AND LARYNGOPHARYNGEAL REFLUX

On the basis of your history, physical examination and X-rays, it has been determined that you are experiencing gastroesophageal and/or laryngopharyngeal reflux. This may be secondary to a hiatal hernia, loss of competency of the lower esophageal sphincter, or other causes. The treatment available for this includes weight reduction, postural changes, antacids, other forms of drug therapy, dietary and medication restrictions, elimination of cigarette smoking and surgery.

- Reflux during the night is an important consideration in therapy since it correlates most highly with complications of esophagitis and pulmonary (lung) aspiration. Elevation of the head to a height of six to eight inches is effective in reducing reflux. Since arousal from sleep is important for esophageal clearance, you should avoid night time sedatives or sleeping medicines. Other postural considerations include slumping, kneeling, bending at the waist, and constricting garments. Pregnancy markedly increases reflux. Sometimes a change in breathing habits, especially stressing abdominal breathing rather than chest breathing, is helpful. Weight reduction is also most beneficial in reducing reflux.
- Certain foods promote reflux. These include Coca Cola, Pepsi, Seven Up, orange juice, tomato juice, brewed or instant coffee (with or without caffeine), beer, liquor, tea and milk. The worst offenders on this list are milk and beer. Foods to avoid include fats, chocolate, mints, and “non-foods” such as chewing gum, hard candies, breath fresheners, lozenges and cough drops. These non-foods tend to increase the stomach acid production, but do not provide neutralization as a swallowed food does. It is important to avoid eating at least two hours before bedtime. Reduction of liquids in the diet is also advisable. The ingestion of several small meals is preferable to fewer larger meals.
- Antacids have been the mainstay of gastroesophageal reflux therapy. They are effective in controlling mild to moderate symptoms. A meal neutralizes the stomach for about one hour; antacids should be administered one hour or more after eating. In patients with severe symptoms, antacids may be given every hour during the waking period. Liquid antacids are preferred to tablets. For mild symptoms and long-term maintenance, antacids are given one hour after meals and at bedtime. The usual dose is three to six teaspoons of the liquid. It is advisable to stay with the lower dose if it is effective.

- Proton pump inhibitors such as Aciphex, Nexium, Prevacid, Prilosec and Protonix are the mainstay of laryngopharyngeal reflux therapy. If taken once a day, they should be taken one hour before the first meal of the day (normally breakfast). If taken twice a day, the second dose should be taken one hour before bedtime.
- Our physicians may determine that it is advisable to prescribe certain drugs such as Reglan (which speeds up emptying of the stomach and movement of the food through the intestines) or Tagamet (which decreases the acidity of the stomach).
- Studies have proven that cigarette smoking lowers esophageal sphincter pressure and is directly related to irritation of the esophagus.
- Certain drugs lower the esophageal sphincter pressure and therefore make reflux worse. These include Progesterone (found in birth control pills), Theophylline, Prostaglandin E1, E2 and A2, anticholinergic agents, beta blockers, alpha blockers, Dopamine, Valium, Morphine and calcium channel blocking agents. If you believe that you are presently taking one of these medications, check with your prescribing physician. **DO NOT DISCONTINUE** the drug without his/her approval. As mentioned earlier, a sedative taken at night may reduce swallowing frequently and reduce reflux-induced arousals. Vitamin C and aspirin are both acids and may directly irritate as well as increase acidity of the stomach. Nicotine may decrease lower sphincter pressure, thereby increasing GE reflux.
- Surgical treatment of reflux is appropriate under certain conditions. Surgery is used when reflux symptoms are very severe, and persist despite patient compliance with a good medical program. Surgery might also be recommended if complications develop, such as esophageal ulcer, stricture or hemorrhage.

If you have any questions, please call our office at 610-363-2532.