

Things to watch out for

- Anyone who experiences heartburn more than twice a week may be a GERD patient.
- You can have GERD without experiencing heartburn.

In such case, the symptoms to watch out for are dry cough, asthma symptoms, or trouble swallowing. Lifestyle and dietary changes can miraculously relieve symptoms of GERD. Medication and surgery are only to be considered as a last-minute option. GERD in infants are mostly healthy. Most infants outgrow GERD by their first birthday. If symptoms persist past a year, it may be GERD. GERD is the outcome of frequent and persistent GERD in infants and children and may cause repeated vomiting, coughing, and respiratory problems.

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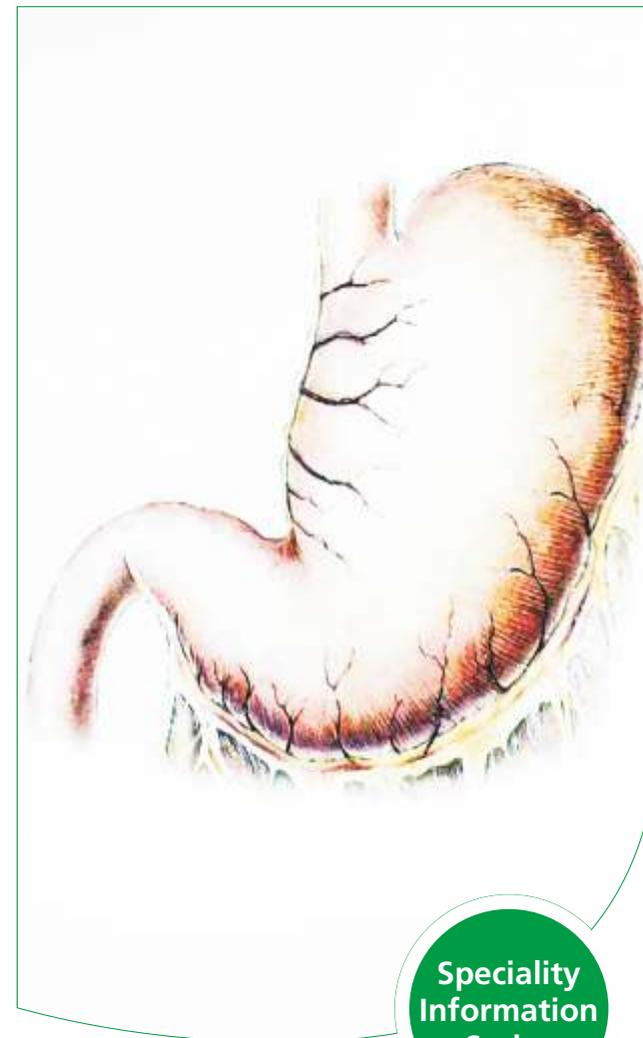
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GERD



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What is GERD?

GERD is the abbreviation for Gastroesophageal Reflux Disease. This comprises of all symptoms arising due to reflux of stomach contents to food pipe. GERD is also called acid reflux or acid regurgitation. It is a chronic condition and causes damage to the mucous membranes, by the abnormal reflux in the oesophagus (the tube that carries food from the mouth to the stomach).

What causes GERD?

GERD occurs when the Lower Esophageal Sphincter (LES) relaxes inappropriately for long durations causing acid to reflux to oesophagus. It primarily occurs when the Lower Esophageal Sphincter (LES) opens spontaneously, for varying periods of time.

It also happens when the LES does not close properly and contents of the stomach rise up into the oesophagus. The LES is a muscle ring that lies at the bottom of the oesophagus. It acts like a valve between the oesophagus and the stomach.

When acid reflux occurs, and the refluxed stomach acid touches the lining of the oesophagus, a burning sensation can be felt in the chest or throat. This is commonly called heartburn or acid indigestion.

Symptoms of GERD

Frequent heartburn or acid indigestion (burning in the lower part of the mid-chest, behind the breast bone, and in the mid-abdomen) is the most common symptom of GERD. However, many children under 12 and some adults may experience a dry cough, asthma, sore throat symptoms, or trouble swallowing. It can also present chest pain.

Factors contributing to GERD

Occasional refluxes are common and do not necessarily indicate GERD. However, if the refluxes are persistent, and carry significant discomfort, then it is considered GERD. GERD can eventually lead to more serious health



problems. People of all ages can have GERD. GERD occurs mainly due to:

- Obesity – especially recent weight gain
- Pregnancy
- Smoking
- Hiatus hernia
- Delayed stomach emptying

What are the long-term complications of GERD?

Chronic GERD that is untreated can cause:

- Inflammation of the oesophagus can damage the lining and cause bleeding or ulcers. This condition is called esophagitis.
- Scars from tissue damage can lead to strictures (narrowing of the oesophagus) that make swallowing difficult.
- Some people develop Barrett's oesophagus, in which cells in the oesophageal lining take on an abnormal shape and colour.
- Over time, the cells can lead to oesophageal cancer, which is often fatal.
- Persons with GERD and its complications should be monitored closely by a physician.
- Studies have shown that GERD may worsen or contribute to asthma, chronic cough, and pulmonary fibrosis.

Foods that worsen GERD

- Fruits of citrus or acidic nature
- Chocolate, caffeine, and alcohol

- Fatty, spicy, and fried foods
- Garlic, onions, and mint flavourings
- Tomato-based foods

How is it diagnosed?

- Typical symptoms
- Endoscopy
- 24 hour ambulatory PH monitoring

How can GERD be treated?

Visit a gastroenterologist – a doctor who treats diseases of the stomach and intestines. Depending on the severity of the condition treatment may involve one or more of the following:

- Lifestyle changes
 - Quit smoking
 - Avoid foods and beverages that worsen symptoms
 - Shed some weight
 - Eat small and frequent meals
 - Steer clear from ill-fitting clothes
 - Do not lie down for at least three hours after a meal
 - Raise the head of your bed 6 to 8 inches
- Medications
- Surgery

Surgery

Surgery is only an option when lifestyle changes and medication fail to help. The two surgical methods are:

- Fundoplication. This is the standard surgical treatment for GERD. More often the Nissen fundoplication is performed. It has almost the same results as the standard fundoplication. Patients can leave the hospital in a day to three days, and get back to work in two to three weeks.
- Endoscopic techniques. Chronic GERD is treated through surgical techniques such as the Bard EndoCinch system, NDO Plicator, and the Stretta system.