HEARTBURN CANCER UK

Everything you need to know about

Persistent Heartburn & Acid Reflux

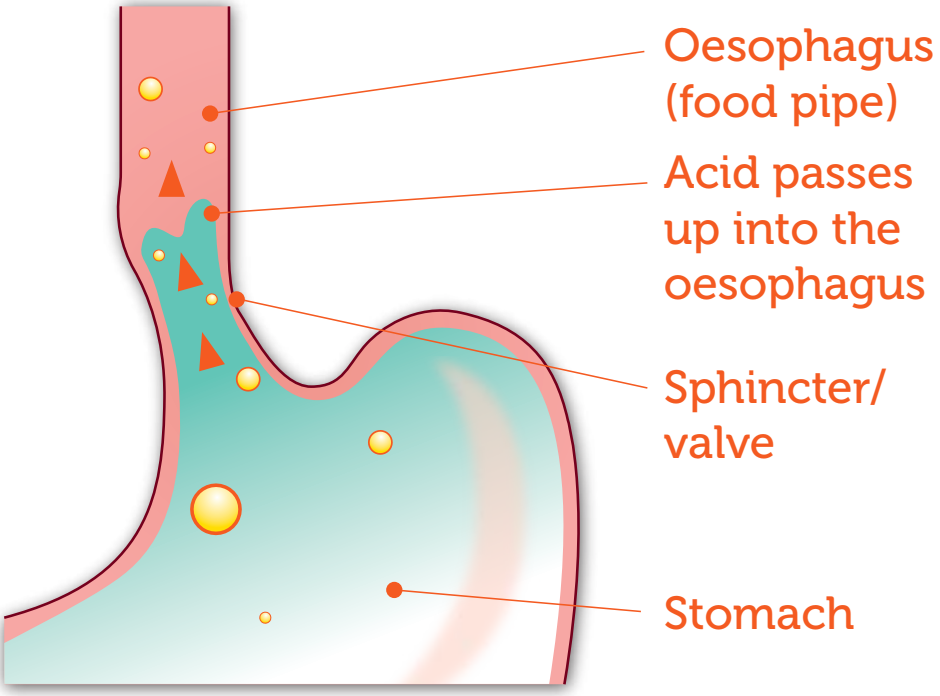
Don't ignore persistent heartburn, **see your doctor**

Essential information about... Heartburn and Acid Reflux (GORD)

What is Heartburn and Acid Reflux (GORD - Gastro-oesophageal Reflux Disease)?

This is an extremely common condition, affecting up to 1 in 4 adults in the UK. Heartburn is described as a burning sensation in the chest. It is caused by acid reflux - stomach acid passing up from the stomach into the oesophagus toward the throat. Persistent reflux is known as gastro-oesophageal reflux disease or GORD.

While most attacks occur during the day, some experience problems at night. These people often have a chronic cough which is caused by stomach acid irritating the throat.



The main symptoms... what should I look out for?

Some people may experience some or all of the following:

- Burning sensation or pain behind the breastbone.
- Sour taste in the back of your mouth and/or bad breath.
- Food coming back up into your mouth or 'repeating' (regurgitation) after eating, on bending or exercising.
- A hoarse voice or sore throat.
- A cough or hiccups that do not go away or keep coming back.
- Difficulty swallowing including frequent throat clearing, coughing, or choking.
- Burping

If you experience any of these symptoms persistently for more than 3 weeks, you should consult your GP.

What causes it?

Food and drink, once swallowed, travels down the oesophagus and into the stomach. At the bottom of the oesophagus is a muscular ring – a sphincter – which acts as a one-way valve. When this valve fails acid reflux occurs. Although the stomach lining is designed to withstand the acidity in your stomach, the oesophagus is not. The irritation in your oesophagus can cause inflammation (oesophagitis) and, even ulceration. It can also cause Barrett's oesophagus.

Lifestyle factors which can increase the risks of heartburn and reflux include:

- Overeating (this increases pressure in the stomach and can cause the sphincter to relax).
- Certain medications (specifically non-steroidal anti-inflammatory drugs like aspirin or ibuprofen; bisphosphonates; muscle relaxants and calcium channel blockers **(Please speak to your doctor if you have concerns with any of the medications you are taking)**.
- Smoking / vaping.
- Excessive alcohol consumption.
- Being overweight.
- Posture (If you spend a lot of time bending, stooping, or hunched this can put extra pressure on your stomach).
- During pregnancy many women find they develop heartburn during the later stages as their growing baby increases pressure on their stomach. Although symptoms usually disappear once the baby is born, some women find they continue to experience discomfort.

- If you have a hiatus hernia you may be more likely to experience reflux.
- Wearing tight clothing.
- Eating late at night (avoid eating for 2 hours before bedtime).
- Spicy and fatty foods and large portions are said to worsen symptoms.
- Lying flat in bed – try propping yourself up to reduce the pressure.
- Stress and anxiety.

How is it diagnosed?

Diagnosis will be based on the description of your symptoms and the length of time you have been experiencing them.

Sometimes these symptoms may be caused by other medications you are taking and therefore you will be prescribed extra medication to take alongside in the form of proton pump inhibitors (PPIs).

You may be referred for any of the following medical tests:

Endoscopy (also known as Gastroscopy) - a thin, flexible tube will be passed down through your mouth or occasionally through your nose into the oesophagus and the stomach and start of the small intestine. The tube will have a camera for the endoscopist to take images, biopsies may be taken at the same time and sent for analysis. The procedure is usually carried out under sedation or with a local anaesthetic in the form of a numbing spray. Occasionally, a general anaesthetic may be necessary. These options will be discussed with your doctor.

Barium Swallow - this is done less often these days as an endoscopy is usually preferred. You will be asked to drink some barium liquid while standing in front of an x-ray machine. Images will be captured of the throat and the oesophagus. This procedure can highlight a hiatus hernia or narrowing of the oesophagus.

Oesophageal Manometry - is a test which is used to measure pressure and also contractions of muscle along the oesophagus and in the sphincters (bands of muscle) at the top and bottom of it.

pH Monitoring - a test to assess the severity of reflux by measuring the acid concentration (pH) in the lower part of the oesophagus over 24 hours.

The Capsule Sponge Test (might be referred to as the Cytosponge™ or EndoSign® or as a 'Heartburn Health Check'

The test involves swallowing a capsule on a strong, thin, thread with some water. The capsule is left in your stomach for up to seven minutes until it dissolves, releasing a small sponge. After seven minutes, the doctor /nurse will remove the sponge by pulling gently on the thread. As it is pulled out, the sponge collects a sample of the cells lining your food pipe (oesophagus). The cell sample will be sent to the lab for analysis to look for Barrett's cells

and any sign of inflammation or cancerous changes. You will be told the results and if you need any treatment or follow up tests.

The capsule sponge test is only available in some areas, but we hope this will change soon and are doing all we can to support that.

How is it treated?

Depending on the severity, medication such as **proton pump inhibitors (PPIs)** may be prescribed. You would need to take these for 4 to 8 weeks to start with. If the PPIs are not helping the doctor may suggest you try a different medicine, called **H2 receptor antagonists**, such as Famotidine. These suppress acid before it can cause damage.

If medication is required long term or your symptoms do not improve, your doctor may refer you to check for any underlying cause.

In some cases, when medication is not effective at controlling your symptoms, your doctor may refer you for an operation called **Laparoscopic Nissen Fundoplication**. The keyhole surgery, carried out under general anaesthetic, involves wrapping the top end of the stomach around the bottom of the oesophagus to form a new valve which stops acid travelling back up into the oesophagus.

There are other new treatments available that you may want to consider:

- **TiF (Transoral incisionless fundoplication)** is an advanced endoscopy procedure used to treat GORD symptoms.
- **IQoro** is a training device which can be used to improve muscle strength and is available on prescription from your GP in some areas.
- **RefluxStop** is a ping pong sized silicone implant which is fixed to the upper part of the stomach to hold the lower oesophageal sphincter in place to stop acid leaking out.

Please look for more information on our website.

Contact your GP immediately if you have ANY of the following:

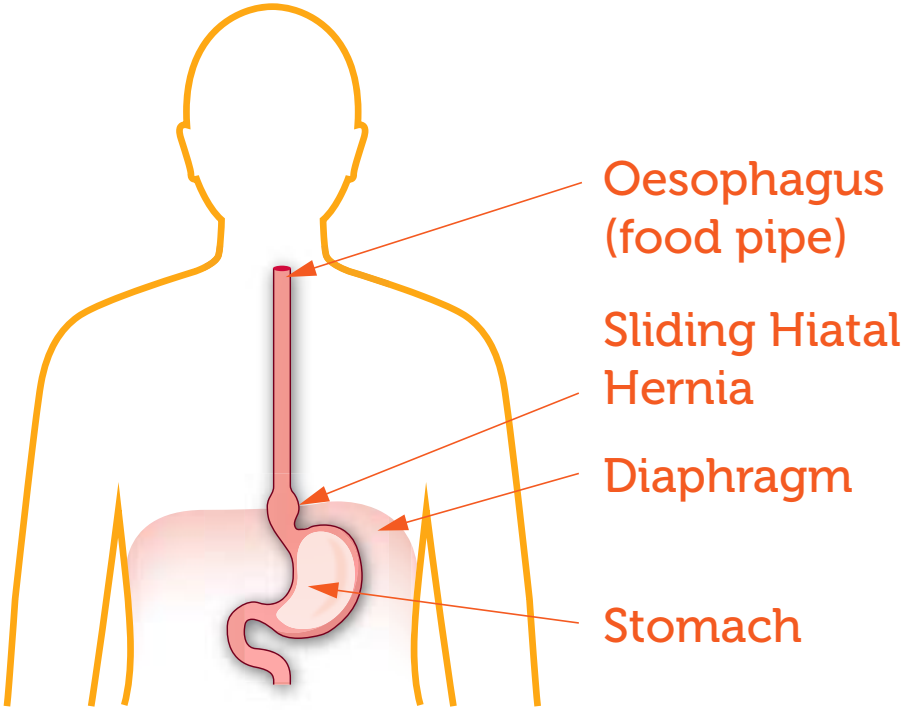
- Pain or difficulty when swallowing.
- Food getting stuck in your oesophagus.
- Frequently being sick.
- Unintended weight loss.
- Persistent heartburn despite medication.

Making sense of some of the jargon

Barrett's Oesophagus – Barrett's is a 'potentially precancerous condition', where some of the normal cells in the lining of your oesophagus have changed to be 'abnormal' and more at risk of turning into cancer.

Dyspepsia – another word used to describe indigestion.

Hiatus Hernia – a hiatus hernia is when the upper part of your stomach bulges through an opening in the diaphragm. It does not normally need treatment if it is not giving you any problems. The hernia can cause interference with the normal functioning of the lower oesophageal sphincter and lead to acid reflux.



H2 Receptor Antagonists – is a type of medicine prescribed to treat conditions caused by too much acid being produced in the stomach. A well-known brand is Famotidine.

Oesophagitis – is an inflammation of the lining of the oesophagus. In most people this is caused by stomach acid **repeatedly** passing back up into the lower oesophagus.

Proton Pump inhibitors (PPIs) – is a type of medication that significantly reduces the production of stomach acid and prevents damage to your organs. You may be familiar with the names Omeprazole, Lansoprazole, pantoprazole but there are other types too.

Ulceration – a condition where sores develop on the lining of the stomach. These aren't always painful, but you may experience heartburn and acid symptoms.

Water Brash – when stomach acid and saliva mix and rise into your throat causing an unpleasant taste in your mouth.

Useful information

How can I help myself?

It may be useful to track the food, drink and activities which trigger your symptoms. This can help you to avoid them and it can also help you keep a record for any GP appointments.

The following are often the most common triggers, although they vary from person to person:

- Drinks such as coffee, fizzy drinks, acidic juices, and alcohol.
- Foods such as tomatoes, citrus fruits, chocolate, fatty foods, and spicy foods.
- Large meals
- Eating late at night – avoid eating less than 2 hours before you go to bed and don't lay down straight after you have eaten. If you are having trouble at night, try sleeping with extra pillows or bed raisers to prop yourself up.
- Smoking / Vaping
- Being overweight – excess weight causes upward pressure from the stomach which can trigger symptoms of heartburn and acid reflux. If you are overweight, speak to your pharmacist or GP about what weight management services are available to you in your area.
- Stress and anxiety.
- Changes in hormones.
- Some medications, such as anti-inflammatory painkillers (i.e. ibuprofen, naproxen).

Adopt a sensible lifestyle

Take moderate regular exercise

Lose weight if you are overweight

Try not to lie down too soon after eating

Control the amount of alcohol you drink

Eat small regular meals

Relax and try to minimise stress

Things to watch out for:

- If you are relying on over-the-counter medicines such as Gaviscon, Nexium and PPIs then please make an appointment to see your doctor. It is not unusual to experience the odd heartburn episode, but **persistent heartburn is not normal** and should be investigated for any underlying conditions.
- If your symptoms have not improved after taking a course of medication prescribed by your GP – GO BACK – so you can discuss further.

Where can I get more information?

- Speak to your GP or Pharmacist.
- Visit our website **www.heartburncanceruk.org** for more information.

Call 01256 338668
www.heartburncanceruk.org

HCUK HEARTBURN CANCER UK
Is it really only Heartburn?

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