

# BURN IN THE GULLET

Stomach acids flowing back into the oesophagus is a condition that can be resolved easily.



REFLUX is an irritation of the oesophagus (also called the gullet) by the acid that comes up from the stomach. This irritation causes troublesome symptoms and/or complications. It happens because the junction between the gullet and the stomach does not function normally, resulting in reflux.

During swallowing, food passes down the throat and through the oesophagus and into the stomach. Normally, a muscle valve at the end of the oesophagus (called the lower oesophageal sphincter) opens to allow food into the stomach; then it closes again.

When this muscle opens too often or does not close tight enough, stomach acid can reflux, or wash back, into the oesophagus, causing damage to its lining.

Some people have heartburn pain when reflux happens, while others feel nothing. Other symptoms include burping, belching, bitter taste in your mouth, coughing at night, dry throat, sore throat, hoarseness in the morning, or worsening asthma.

LONG STANDING REFLUX CAN CAUSE:

**OESOPHAGITIS**, an inflammation of the oesophagus; it may be associated with ulcers of the oesophagus.

**STRICTURE** is the narrowing of the swallowing tube as a result of longstanding inflammation.

**BARRETT'S OESOPHAGUS** may occur in longstanding inflammation which may lead to changes of the cells of the lower oesophagus. Patients with Barrett's oesophagus have higher risk of oesophageal cancer compared to general population.

How is reflux detected? In the simplest case, when symptoms are typical and the patient responds to medication, no diagnostic tests are required. If the symptoms do not improve with medication, further investigation is mandatory.

SOME OF THE DIAGNOSTIC TESTS INCLUDE:

**GASTROSCOPY.** This allows the detection of inflammation at the lower oesophagus and biopsy which will provide further testing for cell changes to rule out Barrett's oesophagus.

**24-HOUR PH MONITORING** – to test the acidity of the oesophagus.

**MANOMETRY** – to test the motility (contraction) of the swallowing tube and the pressure at the muscle valve (lower oesophageal pressure).

The first treatments for reflux are lifestyle and dietary changes. The purpose is to reduce the amount of reflux or reduce the potential for damage to the oesophageal lining from refluxed substances. Inappropriate diet and certain habits can worsen reflux.

Most patients with reflux do not need surgery. If necessary, medication is prescribed targeting acid secretion in the stomach, antacids to neutralise gastric acid, and medication to improve peristalsis and stomach emptying (prokinetics).

These foods can relax the lower oesophageal sphincter, allowing stomach contents to reflux into the oesophagus:

- *Chocolate, sweet deserts, high-fat or spicy foods, curry, citrus fruits, garlic, onion and tomatoes or tomato-based products*
- *Certain beverages, including citrus juices, alcohol, coffee, black tea*
- *Eating regular meals and small portions at each time*
- *Eating or drinking for two to three hours before going to bed*

Lifestyle habits that improve reflux include losing weight (if you are overweight); giving up smoking; avoiding wearing tight-fitting clothing or belts, avoiding lying down or prolonged bending over, especially after eating; and avoiding straining and constipation.

In addition, try to elevate the head of your bed by six to eight inches (15–20cm); and if you can, avoid stress or tension.

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