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Gastroesophageal Reflux Disease (GERD)

What is Gastroesophageal Reflux Disease (GERD)?

Gastroesophageal Reflux Disease (GERD) is a condition in which the stomach's contents – including stomach acid – regurgitate into the esophagus. When the esophageal lining is repeatedly exposed to the acid and food from the stomach, it can become inflamed (esophagitis). This disease is often chronic and may require lifelong treatment.

Symptoms

GERD can cause many different symptoms, with heartburn being the most common complaint. Patients may also have chest pain, pain or difficulty swallowing, indigestion, hoarseness, wheezing, chronic cough, or frequent throat clearing. If GERD is not well-controlled it can lead to inflammation and scarring of the esophagus. Over time, GERD can lead to Barrett's Esophagus, which is a precursor to esophageal cancer.

Diagnosis

GERD is a clinical diagnosis. However, if patients fail to respond to initial treatment, or if they develop worrisome symptoms (pain, trouble swallowing, weight loss, vomiting or bleeding), the other diagnostic tests may become necessary. These tests include:

Barium Esophogram- An x-ray study performed when the patient swallows Barium. This gives a view of the lining of the esophagus and helps to rule out narrowing or tumors.

Upper Endoscopy- The "gold standard" test to evaluate the esophagus. A flexible camera is inserted into the esophagus and stomach and the lining can be examined. Biopsies can be taken if needed.

Esophageal pH Study (Bravo)- During an endoscopy a pH probe can be clipped in the esophagus. This will measure the amount of acid in the esophagus and helps determine the timing and severity of GERD.

Dietary Recommendations for GERD

Gastroesophageal Reflux Disease is a condition in which the stomach's contents regurgitate into the esophagus. GERD can have many different symptoms, with heartburn being the most common. The following things should be considered in order to decrease these symptoms.

A complete description of this diet can be found at [www. southerncalgi.com/diets](http://www.southerncalgi.com/diets)

Prevention & Treatment

- Diet and lifestyle changes
 - It's important to limit foods that can worsen GERD. These include caffeine, chocolate, mint, alcohol, spicy and acidic foods, and fatty foods.
 - Effort should be made to eat slowly and to eat smaller more frequent meals.
 - Avoid laying down for 2-3 hours after eating
 - Avoid smoking which may exacerbate GERD
- Medical management- Antacids such as proton pump inhibitors and histamine blockers are very effective at treating GERD and preventing some of its complications.
- Surgery- Surgical options can be considered in patients with severe GERD not responding to medical management. Current treatments focus on tightening the muscle between the esophagus and stomach, in order to minimize acid exposure.
- Monitoring for Barretts Esophagus- Barretts Esophagus is a precancerous condition. Patients with chronic GERD should undergo an Upper Endoscopy to assess for this condition. If Barretts is identified an endoscopy should be performed periodically to monitor for esophageal cancer.
- Halo RFA Ablation- This is a treatment for patients with Barretts. With this technique the precancerous lining of the esophagus is burned away, preventing the development of cancer.