



GERD AND WHAT YOU DIDN'T KNOW ABOUT IT

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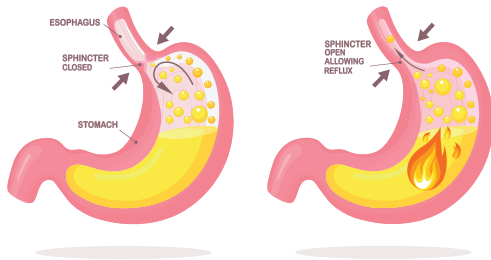
We'll Treat You Well



Digital Version

GASTROESOPHAGEAL REFLUX DISEASE

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WHAT IS GERD?

Gastroesophageal Reflex Disease, or GERD as it is commonly known is a seemingly harmless affliction with sometimes painful consequences. It leads to an inflammation of the food pipe, causing heartburn, throat irritation, hoarseness of voice, chronic cough, dental erosions and so much more. If you feel any of these symptoms, consult your GERD specialists. Timely treatment will save you a lot of pain.

KNOW YOUR FOOD PROCESS.

When you swallow your food, a set of 29 muscles in your mouth and tongue act to close off your windpipe (Trachea) to protect your lungs, and then move food into your esophagus, or food pipe. The esophagus is a narrow 9-inch long tube leading from your mouth to your stomach. The muscles that encircle the food pipe contract in an orderly, wave-like fashion to propel food into the stomach. To prevent food from returning to the esophagus, the ring-like muscles called Lower Esophageal Sphincter, or LES, pinches the tube, closing it.

HOW DOES GERD OCCUR?

More often than not, poor function of the LES is responsible for most cases of GERD. Some of the chemicals that you ingest can make the LES muscles relax

when it shouldn't, and others can irritate the esophagus, making the problem worse.

HOW DOES IT AFFECT YOU?

With GERD, substantial amounts of stomach acid and digestive juices get into the esophagus. While the stomach has a tough lining that resists acid, the food pipe does not. Its sensitive tissues are injured by acid, and if the acid makes it all the way to the mouth, other structures can be damaged. This results in a variety of painful afflictions in the throat and chest.

WHAT ARE THE COMMON SYMPTOMS OF GERD?

While heartburn and 'acid indigestion' are the first indications of GERD, some of the other symptoms can also occur in their absence, often leading to misdiagnosis. Excessive burping or bloating, chest pain that's severe enough to mimic a heart attack, or belly pain that mimics an ulcer are all reasons to see your doctor immediately

You will also need to watch out for these stealthy signs of GERD:

- A sour or bitter taste in the mouth
- Regurgitation of food or acids
- Hoarseness or laryngitis, especially in the morning
- Sore throat or the need to clear the throat
- Persistent coughing without apparent cause
- Dental erosions
- Feeling that there is a lump in the throat
- Wheezing or asthma

WHAT ARE THE COMPLICATIONS?

The most common complication is esophagitis or inflammation of the food pipe. It produces a steady burning pain that can make swallowing and eating difficult. The inflammation can cause ulcers or bleeding to the tube's lining. Repeated cycles of esophagitis and healing can lead to scarring and narrowing of the tube.

Severe esophagitis only strikes about 2% of people with GERD. A small number of those develop Barrett's esophagus, a condition in which severe inflammation and acid team up to produce pre-malignant changes in the cells that line the esophagus. Some 2% to 5% of people with Barrett's esophagus go on to develop cancer.

HOW IS GERD DIAGNOSED?

Your doctor, on hearing your symptoms, will decide whether any tests need to be done at all. If he or she suspects you have ordinary GERD, a trial therapy may be recommended as the next step; if you respond promptly, you probably won't be asked to have additional tests. However, if your doctor is not fully convinced about the diagnosis, some tests such as endoscopy may be in order. While endoscopy is an important test, it is mainly recommended in the following:

- Longstanding or severe GERD
- GERD that does not respond to therapy
- GERD that begins after age 50
- GERD that is accompanied by loss of appetite or weight, vomiting, bleeding or anemia, or difficulty in swallowing

HOW CAN GERD BE TREATED?

Ordinary cases of GERD can be easily treated with medications such as Proton Pump Inhibitors (PPIs), H2 Blockers, Antacids, Coating Agents and Motility

Agents.

Severe cases may however require surgery, but that is quite rare in today's advanced medical world.

The good news is that you can be in control of GERD

GERD is mainly an occurrence of the modern-day lifestyle. Smoking, poor eating habits, obesity, alcohol abuse, and stress all contribute to GERD, which if not controlled can lead to severe complications. Fortunately, controlling GERD is very much in your hands, if you adhere to the following:

- Don't smoke. It's the first rule of preventive medicine, and it's as important for GERD as it is for heart and lung disease.
- Avoid large meals, and don't lie down for 30minutes after you eat, even if it means giving up that bedtime snack.
- Avoid fatty and fried foods, chocolate, coffee and tea, garlic and onions, tomato and citrus fruits, alcohol and carbonated beverages as much as possible.
- If you are taking medications that can contribute to GERD, ask your doctor about alternatives, but don't stop treatment on your own.
- Try placing 4 to 6-inch blocks under the legs and the head of your bed.
- Lose weight
- Avoid tight belts and waistbands



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