Reflux
Oesophagitis

THE INSIDE STORY

DIGESTIVE DISORDERS FOUNDATION

The Charity for Research and Information on Digestive Disorders
What is Oesophagitis?

Oesophagitis is an inflammation of the lining of the oesophagus (gullet). In most people this is caused by the digestive juices in the stomach, repeatedly moving upwards into the lower oesophagus (reflux). Muscle contraction normally keeps the lower end of the oesophagus closed, but reflux occurs when this muscle is weak. The reason why the muscle becomes weak is not fully understood.

What are the symptoms of reflux?

Reflux causes a burning sensation in the upper abdomen and lower chest, sometimes moving up into the throat. The oesophagus does not have the same protective lining as the stomach and therefore the acid normally produced by the stomach causes the burning sensation. It is usually worse at night or can be brought on by bending or physical exercise, particularly after a meal. This sensation or discomfort is often referred to as heartburn.

What causes reflux?

Once the muscle becomes weak, several factors can promote reflux, such as smoking, or drinking too much alcohol. Being overweight or wearing tight clothing can also increase the pressure upward on the junction between the gullet and the stomach. Some people will notice that certain foods cause
reflux, especially acidic or rich, spicy or fatty foods. In some cases reflux is caused by a hiatus hernia (protrusion of a small part of the stomach above the diaphragm into the chest) which prevents the muscle at the base of the oesophagus from working properly.

**WHAT ARE THE SYMPTOMS OF OESOPHAGITIS?**

Sufferers may experience a burning sensation in the lower chest immediately after swallowing hot fluids (e.g. tea or soup), alcohol, concentrated fruit juice or hot fatty foods such as bacon and eggs. A similar discomfort may be felt after meals, especially on stooping or lying flat. Food or fluid may come up into the mouth (regurgitation) especially when lying down or in bed at night. If this is severe the person may wake up coughing or with a choking sensation.

In severe cases, ulceration of the lining of the oesophagus may occur, leading to pain and possible narrowing due to scarring. A person with oesophagitis may then experience difficulty swallowing, first solid foods then more liquid foods. When solid food does not pass easily into the stomach it feels as though it is stuck.

**WHAT IS BARRETT’S OESOPHAGUS?**

After an episode of oesophagitis, the lining of the oesophagus usually heals and returns to normal. Occasionally, however, the lining heals in a different way and changes from being lined with cells like skin to being similar to the lining of the stomach and intestine. This is referred to as “Barrett’s oesophagus”. Although there may be no symptoms, some doctors may advise regular check-ups once Barrett’s oesophagus has been diagnosed in order to detect any further changes or possible complications.
WHAT WILL THE DOCTOR DO?

ENDOSCOPY

If oesophagitis is suspected, the doctor may arrange for an examination called an endoscopy. A narrow, flexible tube, containing a light, is passed through the mouth and throat and on to the oesophagus. This allows the specialist to see any reddening or ulceration. A small fragment of the lining can be taken for testing (a biopsy) to check for any abnormalities.

X-RAY

By observing the passage of a white fluid containing barium (barium swallow), a doctor can see on X-ray whether the gullet is ulcerated or narrowed.

24 HOUR TESTING

The acid levels in the oesophagus can be measured. This involves a fine tube being passed into the oesophagus and leaving it there for 24 hours. A special tip at the end of the tube measures the acidity at frequent intervals.

WHAT TREATMENTS ARE AVAILABLE?

Reflux is very common and simple measures are very helpful. Small meals, eaten regularly, will help to reduce the pressure on the upper part of the stomach caused by large meals. Eating late at night should be avoided in order to ensure that the stomach is empty at bedtime. Alcohol should only be taken in moderation with meals and smoking should be avoided.

Loose clothing is preferable to tight waistbands and belts, and bending should be kept to a minimum, especially after meals. Long handled tools may help to avoid stooping when gardening or doing housework. Being overweight can cause upward pressure on the base of the oesophagus, so losing weight may relieve symptoms. At night time, raising the bed head can help to keep stomach contents from rising into the gullet.
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THANK YOU
The Digestive Disorders Foundation (DDF) is the only national charity which is concerned with the wide range of digestive disorders. Our aims are to:

- fund research into digestive disorders
- provide information for sufferers, their families and friends
- increase public and professional knowledge of digestive disorders

Many problems can affect the digestive system and examples include irritable bowel syndrome, peptic ulcers, heartburn, food intolerance, coeliac disease, ulcerative colitis and Crohn’s disease, diarrhoea, constipation and cancers of the bowel, oesophagus, liver, pancreas and stomach. The DDF produces leaflets on these and other subjects. If you would like to receive more information, please send a stamped-addressed-envelope to DDF, PO Box 251, Edgware, Middlesex HA8 6HG.

The DDF funds research at hospitals and universities around the country to help in the development of new treatments for digestive disorders and to improve our understanding of the causes. The gifts we receive from donors are vital to the continuation of this work.

Please help us by sending a donation or raising funds on our behalf.

Digestive Disorders Foundation

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Please let us know if you require this information in an alternative format and we will do our utmost to meet your needs.

Registered Charity No: 262762

www.digestivedisorders.org.uk

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Medicines range from antacids, which neutralise any acid in the oesophagus, through to stronger drugs which reduce, or actually stop, the production of acid in the stomach. Drug treatment is usually only needed for a short period, although it may need to be re-prescribed. Medication which can enhance the normal movements of the oesophagus can also be prescribed and can be helpful.

Surgical treatment, often performed using a laparoscope (keyhole surgery), can tighten the tissue around the lower oesophagus and decrease or prevent reflux.

If the oesophagus has become narrow then the narrowing may be widened (dilated) by an endoscopic procedure or, occasionally, surgery may be required.
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