



EXTINGUISHING THE FIRE WITHIN

Suffering From **Heartburn** May Be A Burning Of **The Past**

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Hearthburn, sometimes called acid indigestion or gastroesophageal reflux, is a very common occurrence with more than one third of adult Americans suffering from “occasional heartburn.” In fact, over 50 million Americans complain of frequent heartburn (heartburn recurring more than twice a week). Nighttime heartburn, affecting about 80% of heartburn sufferers, is even more damaging to the esophagus than daytime heartburn. If you or someone you love has symptoms of indigestion, it is important that you consult a physician for diagnosis.

While occasional heartburn is usually harmless, frequent or chronic heartburn, also known as gastroesophageal reflux disease (GERD), can be dangerous and requires early management and treatment. If left untreated, repeated episodes of GERD can lead to esophageal inflammation (esophagitis) and even Barrett’s esophagus, or develop into esophageal cancer.

What is Gastroesophageal Reflux (GERD)?

GERD occurs when the stomach’s acids flow back (refluxes) into the food pipe (esophagus) due to a weakening or loss of tone of the lower esophageal sphincter (LES). The esophageal sphincter is a complex band of smooth muscle tissue responsible for closing and opening the lower end of the esophagus and is essential for maintaining a pressure barrier against contents in the stomach. When there is a weakening of the LES or an over-production of stomach acid, the LES is prevented from closing up completely after food empties into the stomach, allowing acid from the stomach to back up into the esophagus. The constant backwash of acid irritates the lining of the esophagus and causes GERD signs and symptoms.

The most common symptoms of GERD include:

- Heartburn
- Chest pain
- Belching
- Nausea
- Dry cough
- Difficulty swallowing
- Sour taste in mouth

INDIGESTION AND HEARTBURN

Some causes of indigestion may include the following:

- stomach or duodenal ulcers
- stomach irritation (gastritis)
- reflux of acid from the stomach
- inflammation of the gallbladder (cholecystitis)
- lactose intolerance
- irritable bowel syndrome
- anxiety or depression
- medications that irritate the stomach lining
- smoking
- alcohol

Dietary tips and lifestyle changes to help occasional heartburn include:

- eat slowly, chew thoroughly, and take deep breaths between bites
- eat smaller, more frequent meals
- replace meat at dinner with carbohydrates and easier-to-digest proteins such as rice, beans, and pastas
- avoid caffeine, chocolate, onions, spicy foods and mints
- avoid fatty, fried and greasy foods
- avoid milk, garlic, peppers and carbonated beverages
- avoid citrus fruits, juices and tomato based foods
- control body weight
- avoid drugs known to contribute to heartburn, including aspirin or other nonsteroidal anti-inflammatories
- avoid clothing that fits tightly around your abdomen
- do not lie down until your stomach is empty—approximately three hours after eating
- elevating your head six to nine inches to prevent nighttime heartburn
- avoid strenuous exercise for two to three hours after a meal

- Hoarseness or sore throat
- Regurgitation of food or sour liquid
- Sensation of a lump in the throat

Treatment for Gastroesophageal Reflux (GERD)

Medications are the most common treatment for GERD. Unfortunately, over time the dosage usually needs to be increased and patients are dependent on them for the rest of their lives.

While both antacids and PPI medications (H2 receptor blockers) alleviate the symptoms short term, they do not restore the natural anatomy and generally do not stop the disease progression. They may also have harmful side effects if taken for prolonged periods of time. If a combination of lifestyle changes and drug therapy does not remedy reflux symptoms, either a Nissen Fundoplication or the latest incisionless surgical procedure the EsophyX TIF can be very effective surgical procedures to correct reflux.

The Nissen Fundoplication Procedure

A laparoscopic Nissen Fundoplication is a minimally invasive surgical procedure used to repair the lower esophageal sphincter. Most patients require an overnight hospitalization and can return to work

within a week. Other advantages include less pain (less need for pain medication), fewer and smaller scars, and a shorter recovery time. Laparoscopic Nissen Fundoplication is a safe and effective treatment of GERD. It is the preferred treatment in patients who have reflux refractory to medications and a hiatal hernia (> 2 cm).

The EsophyX TIF™-Incisionless Surgery

One of the newest advances in surgical procedures for GERD proven to be a very successful option to medications is the EsophyX-TIF, an incisionless surgery with no scars. EsophyX is a trans-oral incisionless procedure introduced into the body through the mouth and is called the TIF (Trans-oral Incisionless Fundoplication). The procedure repairs the anatomy, reducing or even eliminating the need for lifelong PPI medication. No more pills, no more pain, and patients are able to get back to normal eating and sleeping with a better quality of life.

The Benefits of the EsophyX-TIF include:

- No external skin incisions, no scarring
- No internal cutting or dissecting of the natural anatomy
- Fewer adverse events and complications
- Does not limit future treatment options

To perform TIF, the EsophyX instrument is placed into the body through the mouth rather than through an abdominal surgical incision. In combination with an endoscope (a medical device consisting of a long, thin, flexible or rigid tube with a light and a video camera to produce video of the inside of the patient’s body on a high-definition monitor), the EsophyX is lowered down the esophagus and into the stomach.

The tip of the EsophyX is equipped with small surgical instrumentation to grip and cut tissue that pulls together several folds of tissue in the LES, fasten it with “H” shaped sutures to strengthen and tighten the LES, and reconstruct the anti-reflux valve at the gastroesophageal junction. This restores the function of the LES and eliminates the occurrence and continuation of GERD.

Clinical studies show that 80 percent of patients that had TIF or Nissen Fundoplication surgery reported a significant reduction or complete elimination of GERD symptoms. Approximately 79 percent of patients reported that two years after surgery they were still off daily medications, such as H2 blockers and proton pump inhibitors, which they had been using to alleviate and control the symptoms of GERD.

For more information, you are invited to a free seminar “Treatment for Gastroesophageal Reflux (GERD)” being held on April 28th at South Nassau Communities Hospital. To register visit our website at www.GERDTreatmentCenter.com or call us at 516.374.8631.

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