

# Care Gram

## Heartburn and Reflux (GERD)

### What Is GERD?

Chronic heartburn and reflux is called gastroesophageal reflux disease (GERD).

### Why Does Heartburn and Reflux Occur?

Heartburn occurs when stomach acid flows backward into your esophagus (swallowing tube). With reflux, sometimes the lower esophagus sphincter muscle (LES) is too weak to stay completely closed and the stomach acid backs up into the esophagus. GERD becomes a disease when it causes damage to the esophagus or symptoms occur.

### What Causes Heartburn and Reflux?

Here are some of the things that can cause reflux:

- Eating large meals
- Lying flat
- Coffee and chocolate (caffeine)
- Citrus fruits and juices
- Tomato-based products
- Hiatus hernia
- Nicotine and tobacco products
- Peppermint
- Certain medicine
- Obesity increases your risk for GERD

### What Are the Symptoms of GERD?

GERD can cause heartburn after meals or at night. Heartburn is a burning sensation in the chest caused by acid and undigested food flowing back in the throat or mouth.

Other symptoms may include:

- Stomach or chest pain
- Trouble swallowing
- Sore throat
- Unexplained cough, upset stomach or vomiting

### How Are Heartburn and Reflux Diagnosed?

Sometimes GERD can be diagnosed just by reviewing your symptoms with your doctor. Tests also may be ordered that may include:

- Upper GI Series – With this test, you will drink liquid barium, and then X-rays are taken of the esophagus and stomach to see how they function.
- Upper GI Endoscopy – With this test, you will be given a mild sedative. Then, a thin flexible tube called an endoscope is inserted into the esophagus to look directly at the esophagus and stomach.
- Esophageal Manometry – Measures the pressure within the esophagus, especially the LES pressure. This is not a common test for diagnosing heartburn and reflux.



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Page 1 of 2

**What Are the Complications of Reflux?**

Acid can burn the esophagus and cause tissue damage. If reflux is not corrected, problems can occur, including:

- Chronic bleeding and anemia (low blood count)
- Scarring and strictures (narrowing) of the esophagus
- Barrett's Esophagus may occur when reflux irritates the lower esophagus over a long period of time
  - Abnormal cells can get into the esophagus from the stomach – this causes a slight but definite risk of cancer
- Lung problems may occur when reflux results in stomach fluid trickling into the breathing tubes when lying down – this can cause wheezing, bronchitis, and even pneumonia

**What Is the Treatment for Reflux?**

Below are some general measures you can take to reduce reflux:

- Eat small, frequent meals to prevent the stomach from making large amounts of acid.
- Avoid acid-making foods, such as chocolate, alcohol, garlic, onions, mint flavorings and drinks with caffeine.
- Limit or avoid drinking liquids with meals.
- Eat low-fat foods to lessen the time that food is in the stomach.
- Avoid acidic food, such as oranges, grapefruit, lemons, lime and tomatoes.
- Avoid spicy and overly seasoned foods.
- Eat at least 2 to 3 hours before lying down or going to bed.
- Avoid excessive bending, lifting, abdominal exercises, girdles and tight belts.
- If you are overweight, lose weight.
- Stop all use of tobacco – nicotine weakens the LES muscle.
- Keep a food record to find out which foods or drinks are causing problems.
- Chew bubble or fruit-flavored gums after meals to neutralize stomach acid.
- Wear loose fitting clothing.
- Raise the head of your bed on 4-6 inch blocks – gravity keeps the stomach acid out of the esophagus while you sleep.
  - Extra pillows are not helpful alone.
- Some medicine can weaken your LES – review all your medicine with your doctor.
- Antacids can and should be used often – the best time is 30-60 minutes after eating and at bedtime.
- There are new drugs that can reduce the secretion of stomach acid – the strongest ones are called protein pump inhibitors. As with all drugs, there is the potential for side effects, so your doctor should manage your medication.