



The Surgical Institute
at True North

CHE MILLER MD | KAYLA WATKINS-JONES MD
BRETT LOCKE APRN

What is Gastroesophageal Reflux?

Gastroesophageal Reflux Overview

Gastroesophageal reflux, also called “acid reflux” occurs when the stomach contents back up into the esophagus and/or mouth. Occasional reflux is normal and most often occurs after eating a meal. Most episodes are brief and do not cause bothersome symptoms or complications.

In contrast, people with gastroesophageal reflux disease (GERD) experience bothersome symptoms or damage to the esophagus as a result of acid reflux. Symptoms of GERD can include heartburn, regurgitation, and difficulty or pain with swallowing. In general, damage to the esophagus is more likely to occur when acid refluxes frequently, the stomach contents are very acidic, or the esophagus is unable to clear away the acid quickly.

GERD Risk Factors

Hiatal Hernia- This is a condition in which part of the upper stomach pushes up through the diaphragm. The diaphragm has an opening for the esophagus to pass through before it joins with the stomach; in people with a hiatal hernia, part of the stomach also squeezes up through this hole.

Obesity- People who are obese or overweight seem to have an increased risk of GERD. While the reasons for this are not well understood, it is thought to be related to increased pressure in the abdomen.

Lifestyle Factors and Medications- Some foods, including fatty foods, chocolate, peppermint, caffeine, alcohol, and cigarette smoking can cause acid reflux and GERD. Certain medications may also increase the risk.

GERD Complications

The vast majority of patients with gastroesophageal reflux disease will not develop serious complications, particularly when reflux is adequately treated. However, a number of serious complications can arise in patients with severe gastroesophageal reflux disease such as ulcers, strictures, lung issues, and Barrett’s Esophagus (a precancerous condition), or even esophageal cancer.

Reflux Treatment

Gastroesophageal reflux disease is treated according to its severity.

Medical treatments include: lifestyle modifications, antacids, histamine antagonists (Pepcid), or proton pump inhibitors (Prilosec, Nexium).

Surgical treatments include: Repair of the hiatal hernia, fundoplication, or Linx procedure.



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Management of Gastroesophageal Reflux Disease (GERD)

GERD (Gastroesophageal Reflux Disease) is treated according to the severity of the patient's symptoms. Treatment may include lifestyle and dietary modifications alone or in combination with reflux medications. Below is a list of lifestyle changes that have been clinically proven to decrease gastroesophageal reflux disease.

Eating Habit Changes:

- Avoid eating within 4 hours of bedtime
- Avoid nighttime snacks
- Eat while sitting up
- Eat smaller frequent meals
- Remain in sitting position 2-3 hours after eating
- Avoid aggressive weight loss and exercise programs

Sleeping Habit Changes:

- Elevate the head of your bed by 6-8 inches
- Try not to sleep on your back
- If sleep apnea exists, have an evaluation by a trained physician

Clothing Lifestyle Changes:

- Avoid clothes that are restrictive across the abdomen
- Avoid tight belts, garters, girdles, corsets, abdominal binders, hernia belts, or any other clothing that puts pressure across the abdomen

Medication to avoid	Foods to avoid	Daily living changes
Theophylline	Citrus juices	No alcohol
Calcium Channel Blocker Medications	Citrus fruits	No caffeine
Tricyclic antidepressants	Mint	Stop all tobacco
Anticholinergics	Chocolate	
Narcotic Pain Medications	Tomato juices or sauce	
Benzodiazapine	Spicy foods	
	Fried foods	
	Pizza	