

# Reflux Oesophagitis

An information guide



# Reflux Oesophagitis

## What is oesophagitis?

Oesophagitis is an inflammation of the lining of the gullet (oesophagus).

In most people it is caused by the digestive juices from the stomach, repeatedly moving upwards (reflux) into the lower oesophagus producing redness and ulceration. Muscle contractions normally keep the lower end of the oesophagus closed, but reflux occurs when the 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 upwards towards the throat.

The oesophagus does not have the same protective lining as the stomach, to protect against acid, therefore the acid normally produced by the stomach causes a burning sensation.

It is usually worse at night or can be brought on by bending or physical exercise, particularly after a meal. The 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 within the stomach.

Some people will notice that certain foods cause reflux, particularly acidic, 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). This 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. A similar discomfort may be felt after meals, especially hot fatty foods such as bacon and eggs.

Food may come up into the mouth (regurgitation), especially on stooping or lying in bed at night. If this is severe, the person may wake up coughing or with a choking sensation.

## **How is oesophagitis diagnosed?**

Your doctor may diagnose the presence of oesophagitis and reflux based on your symptoms.

If acid reflux is not treated, the oesophagus may become sore and inflamed. This is called oesophagitis and may require a short course of treatment to settle it down.

Your doctor may refer you for an examination called gastroscopy in which a narrow, flexible tube with a light at the end is passed through the mouth, throat and oesophagus into the stomach. This allows the endoscopist (the doctor or nurse carrying out the procedure) to examine the oesophagus for any reddening or ulceration.

Occasionally sophisticated tests such as 24 hour ambulatory pH study is required to diagnose reflux disease.

## What treatments are available?

Reflux is very common. However taking simple measures can help. These include:

- Small meals, eaten regularly will help reduce the pressure into the upper part of the stomach caused by eating large meals.
- Eating later at night should be avoided in order to ensure that the stomach is empty at bedtime.
- A change in diet such as reducing caffeine intake (coffee and tea), fatty foods and a reduction or avoidance of acidic drinks.
- Alcohol should only be taken in moderation with meals.
- Smoking should be avoided.
- Loose clothing is better than tight waistbands and belts. Bending should be kept to a minimum, especially after meals.
- Avoid stooping by using long handled tools when gardening or doing housework.
- Being overweight can cause upwards pressure on the base of the oesophagus, so losing weight may relieve symptoms.
- At nighttime, raising the head end of the bed by 6 to 9 inches can help to keep stomach contents from rising into the oesophagus.

Medicines available to help with your reflux range from antacids to stronger drugs. Antacids neutralise any acid in the oesophagus and the stronger drugs reduce, or actually stop the production of acid in the stomach.

## **What will happen if the oesophagitis is not treated?**

If the oesophagitis is not treated severe inflammation and ulceration can, over a period of time, lead to narrowing (stricture) of the oesophagus which in turn can cause difficult swallowing.



**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

 [www.facebook.com/NorthernCareAllianceNHSGroup](http://www.facebook.com/NorthernCareAllianceNHSGroup)

 [www.linkedin.com/company/northern-care-alliance-nhs-group](http://www.linkedin.com/company/northern-care-alliance-nhs-group)

 Northern Care Alliance NHS Group (NCA) @NCAlliance\_NHS

**Date of publication: June 2005**

**Date of review: June 2021**

**Date of next review: August 2023**

**Ref: PI(SU)151**

© The Northern Care Alliance NHS Group

[www.pat.nhs.uk](http://www.pat.nhs.uk)

[www.northerncarealliance.nhs.uk](http://www.northerncarealliance.nhs.uk)

