

Reflux advice

A patient's advice sheet (1 of 2)

What is reflux?

Reflux is the regurgitation of stomach acid and stomach contents back into the gullet (oesophagus) and even up to the back of the throat. In some people this causes heartburn and indigestion, but when it does not, it is called Silent Reflux (Laryngopharyngeal reflux: LPR).

If you experience reflux on a regular basis it can cause your voice quality to change or affect your lungs.

What are the symptoms of reflux?

You may experience one or more of the following:

- Recurrent or irritable coughing/throat clearing
- Hoarse voice
- Sore throat, particularly in the mornings
- Dry mouth
- Excessive mucus and a need to clear your throat
- Heartburn or indigestion
- A bad taste in the mouth
- Trouble swallowing
- Choking episodes
- a feeling of a lump in the throat (known as Globus)
- burning/dryness in the throat
- Nausea

How is reflux and silent reflux treated?

Each patient requires individual treatment tailored to their needs, and your doctor or therapist will suggest the best treatment for you.

There are several treatments for reflux:

- Changing behaviours to reduce reflux
- Changing your diet to reduce reflux
- Medications to reduce stomach acid

- Occasionally, surgery to reduce reflux is recommended

Changing behaviours to reduce reflux

- Try placing six inch blocks / books under the legs of the head of your bed to raise your head above your stomach. Extra pillows don't always help as they can compress your stomach.
- Lying on your left side rather than your right at night can also help to ease night time reflux.
- Stop smoking as this can exacerbate reflux. Ask your Nurse or GP for advice on how to stop.
- If you are overweight, try to lose weight as this can cause additional pressure on the stomach. Seek support from an appropriate professional to help you with this.
- Try eating smaller meals more frequently, rather than three large meals.
- Avoid tight clothes and tight belts around the waist as they place pressure on the stomach.
- Avoid eating and drinking at least two-three hours before lying down. If you take naps, try sleeping upright in a chair.

Changing diet to reduce reflux

Some foods and drinks can trigger reflux and make the impact of reflux worse. Making changes to what you eat and drink can help. Make a note of which foods/drinks make your reflux worse. The following are a list of common triggers to watch out for:

Caffeine: It is in regular and even decaffeinated tea and coffee. It is also in other drinks such as Coke and hot chocolate. If you cannot cut it out of your diet entirely, try reducing your intake of caffeine or drinking herbal tea instead. Beware it is also present in some pain killers.

Fizzy drinks: This includes sparkling water. Bubbles can rise from the stomach, carrying acid with them.

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Fatty foods: Limit your intake of fatty foods e.g. fried foods, chips, crisps, chocolate, pizza and pastry.

Citrus juices such as orange juice, but also flavoured waters and cordials, can be acidic

Tomato products: These are acidic and can activate the enzyme called pepsin that can irritate and damage throat tissue when you have reflux

Vinegar: All varieties of vinegar are acidic and can activate pepsin

Chocolate: Chocolate contains methylxanthine, which increases stomach acid production. It is also a carminative which opens up the lower part of the oesophagus allowing acid to escape from the stomach.

Alcohol: Spirits, white and rosé wine, and fizzy lager or prosecco / champagne are the worst offenders

Mint: Mint is a powerful carminative, whether as a herb, chewing gum or tea which opens up the oesophagus allowing acid to escape from the stomach.

Raw onion and garlic: Both are a carminative which open up the lower part of the oesophagus allowing acid to escape.

Medications

Medications which contain alginate (such as Gaviscon Advance) are very helpful as they coat and protect the oesophagus and throat. You should take this after each meal and before you go to bed for it to be effective.

Acid blocking medication called Proton Pump Inhibitors (including Pantoprazole, Lansoprazole and Omeprazole/Esomeprazole) are often used to reduce acid production by the stomach. They should be taken on an empty stomach at least half an hour

before breakfast (if taking it once a day) and at least half an hour before your evening meal (if taking it twice a day).

These tablets may need to be used for several months before they produce a noticeable difference. Keep taking the tablets every day as

prescribed until you are instructed otherwise.

Other acid blocking tablets such as Ranitidine are occasionally used, especially for patients who cannot tolerate the more powerful Proton pump inhibitors listed above.

Surgery

Surgery is occasionally recommended as a last resort to repair the leaky valve between the stomach and oesophagus which leads to reflux, especially in more severe cases which do not respond well to medications. A form of keyhole surgery called Laparoscopic Fundoplication is usually used.

Impact on your voice

Silent Reflux can cause dysphonia (a disordered voice). This can manifest as a voice that sounds rough or raspy, and could contribute to developing a chronic cough. By following the above guidelines, increasing your intake of water and carrying out twice daily steam inhalations you can often alleviate these vocal symptoms. However, if you find your voice problems persist please speak to your Speech and Language Therapist or ask your GP for a referral to your local Speech and Language Therapy service or Ear Nose and Throat (ENT) Doctor.

If you have any questions, please contact your GP or ENT Doctor.

Author ID: Speech and Language Therapist
Department: Speech and Language Therapy
Printed: August 2022
Review due: August 2024
Version: 5
Leaflet number: PI 160

Royal Papworth Hospital NHS Foundation Trust
Papworth Road, Cambridge Biomedical Campus,
Cambridge CB2 0AY
Tel: 01223 638000

www.royalpapworth.nhs.uk