

# Gastro-Oesophageal Reflux Disease

Inflammation of the oesophagus  
from regurgitation of the gastric  
contents into the oesophagus

# G.O.R.D.

- This condition usually results from dysfunction of the cardiac sphincter
- Regurgitation of the gastric contents causes chemical irritation, and subsequent inflammation, of the oesophagus
- Condition may be transient or persistent
- Incidence 5 in 1000

# Causes

- Pregnancy
- Alcohol
- Hiatus Hernia
- Obesity
- Recurrent or Persistent Vomiting
- Nasogastric Tubes

# Symptoms

- Dyspepsia, worse on bending or eating, worse or more frequent at night. Often relieved by milk or antacids.
- Belching
- Regurgitation of food
- Nausea & Vomiting
- Haematemesis
- Change in voice, hoarseness

# Symptoms Continued

- Sore throat
- Dysphagia
- Cough
- Wheezing
- Weight Loss

# Examination

- Assessment of Oesophageal pH reveals acidic reflux
- Endoscopy shows ulceration and/or inflammation
- Barium swallow reveals regurgitation
- Pressure testing of cardiac sphincter shows dysfunction

## Oesophageal Stricture



# Treatment

- Antacids after a meal or before bed
  - H<sub>2</sub> Antagonists
  - Proton Pump Inhibitors
  - Pro motility Drugs
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- Anti-reflux surgery may be necessary in some cases. The most common procedure is a Nissen Fundoplication

# Nissen Fundoplication

- Usually used to reduce hiatus hernias and limit the symptoms of G.O.R.D.
- A safe procedure with a 99% success rate
- The procedure involves an abdominal incision to allow the stomach protrusion to be replaced below the diaphragm.
- The diaphragmatic hiatus is then tightened around the oesophagus

# Nissen Fundoplication

- The stomach is then stitched into place to prevent reflux
- The upper part of the stomach, the fundus, may be wrapped around the oesophagus to reduce reflux (fundoplication).
- Patients will spend 3-10 days in hospital and will be fed via a nasogastric tube
- Complications include bleeding, infection and intolerance of anaesthetic

# General Treatment

- *Weight Reduction*
- *Avoid lying down after meals*
- *Sleep with bed head elevated*
- *Avoid dietary fat, caffeine, chocolate, peppermint, alcohol.*
- *Avoid tobacco*

# Prognosis & Complications

- Most people, 85%, will respond to non-surgical treatment
- Barrett's Oesophagus
- Oesophageal Stricture
- Oesophageal Ulceration
- Chronic Pulmonary Disease due to aspiration

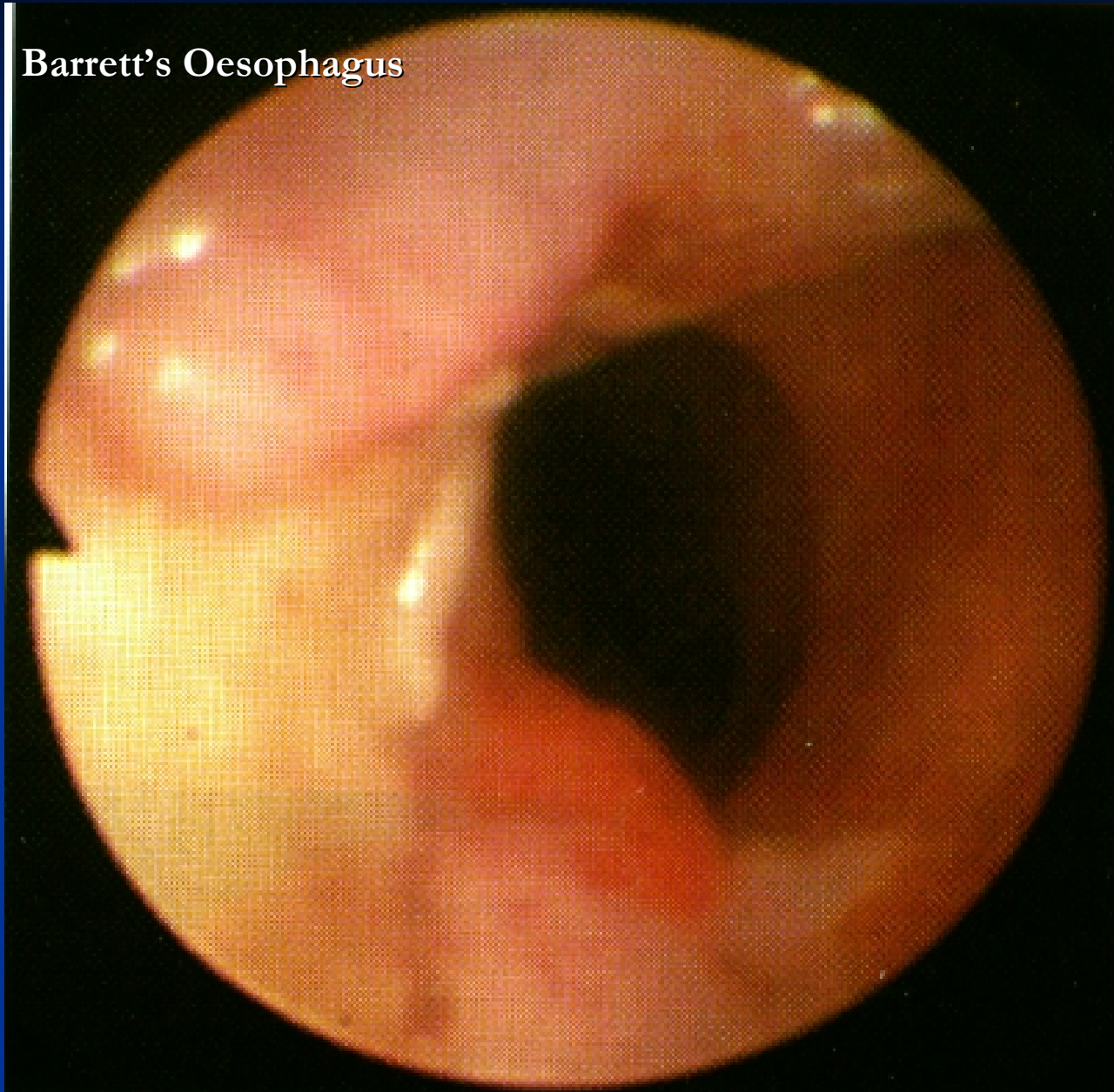
# Barretts Oesophagus

A condition causing PRE-MALIGNANT changes to the cells of the oesophagus as a result of chronic G.O.R.D.

More common in men than women

Increased risk of developing oesophageal cancer as a result of this condition

Barrett's Oesophagus



# Barretts Oesophagus

Symptoms almost identical to G.O.R.D.

Dyspepsia, aggravated and alleviated by the same variables as G.O.R.D.

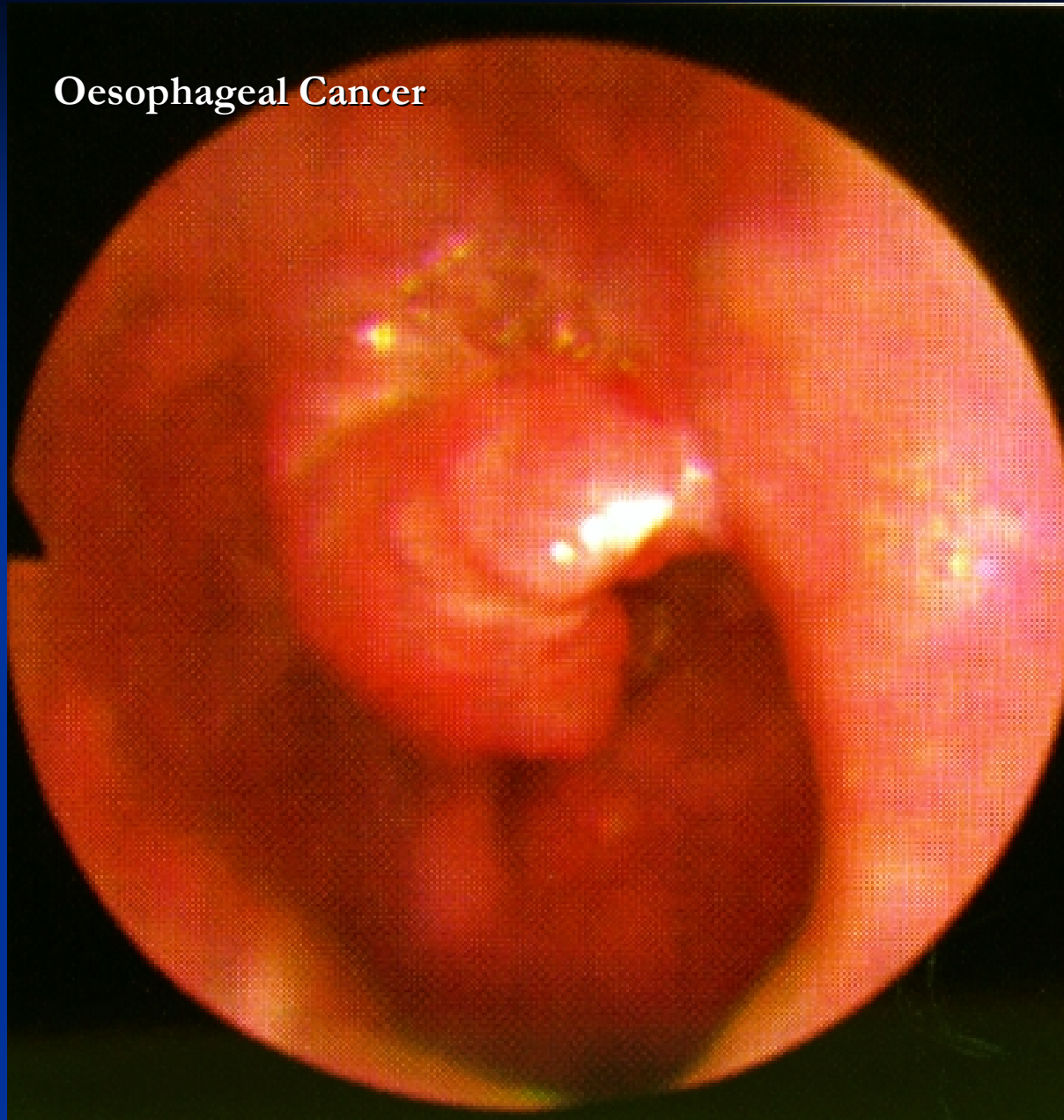
Dysphagia

Diagnosis is achieved by endoscopic biopsy

# Treatment

- General and drug treatment is exactly the same as that for G.O.R.D.
- Surgical resection of the affected part of the oesophagus may be indicated
- Complications may include oesophageal dysplasia (abnormal cell growth) and oesophageal cancer

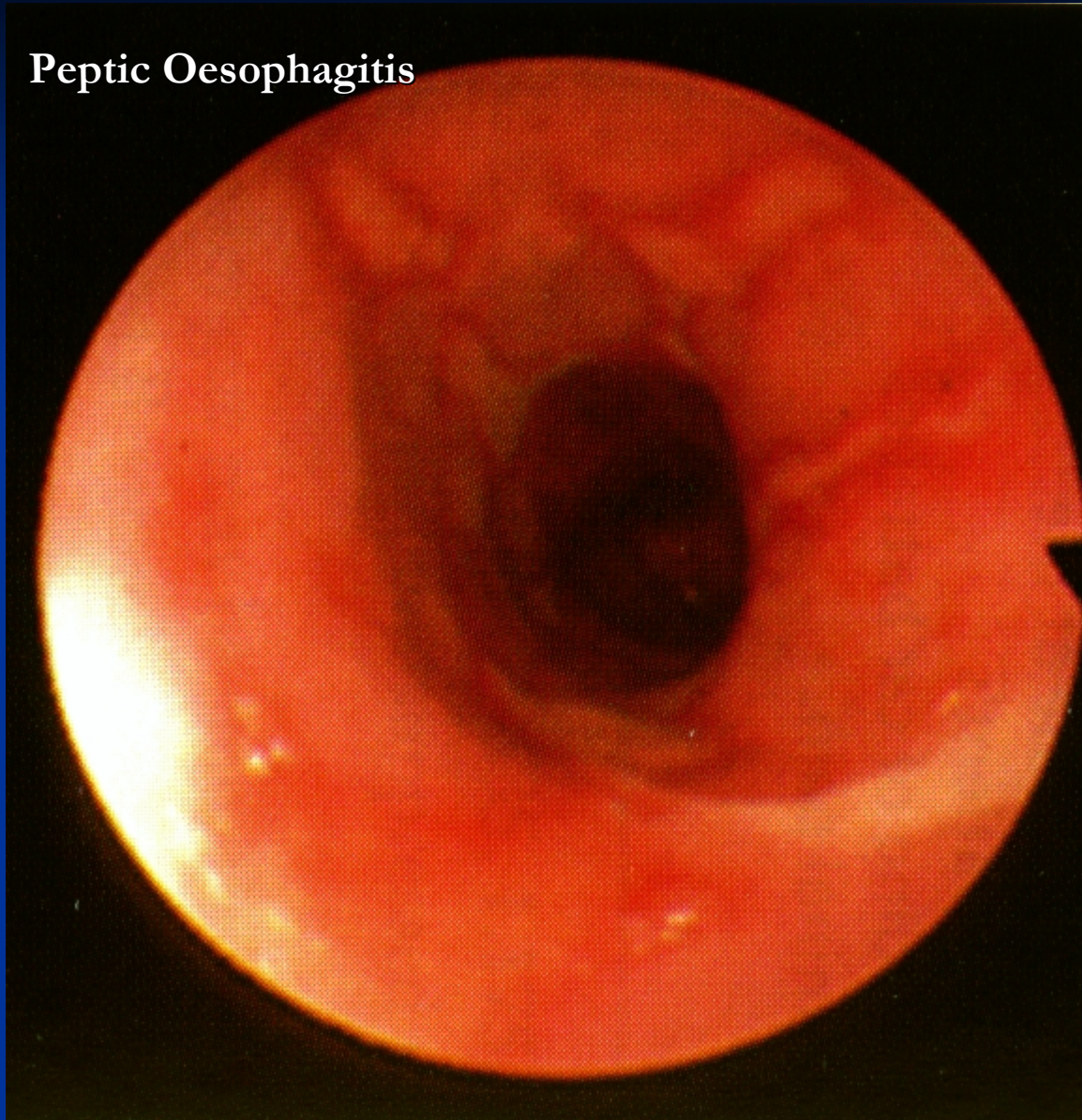
## Oesophageal Cancer



## Oesophageal Cancer



## Peptic Oesophagitis



## Peptic Oesophagitis

