

Gastro Oesophageal Reflux Disease (GORD)

Gastro-Oesophageal Reflux Disease (GORD) occurs when the acidic contents of the stomach frequently flow back into the oesophagus (the "food pipe").

While many people experience occasional "heartburn," GORD is diagnosed when this reflux becomes chronic, leading to bothersome symptoms or physical damage to the oesophageal lining.

Why does it occur?

At the bottom of the oesophagus is a circular band of muscle called the Lower Oesophageal Sphincter (LOS). This acts as a one-way valve, opening to allow food into the stomach and closing to prevent acid from escaping upward.

In patients with GORD, this valve becomes weak or relaxes inappropriately. Because the lining of the oesophagus is not designed to withstand stomach acid, this exposure causes the burning sensation known as heartburn.

What are the symptoms of GORD?

- Heartburn is the main symptom, which often people describe as burning sensation which rises from stomach towards neck.
- Regurgitation: sour or bitter-tasting acid backing up in to throat or mouth
- Indigestion, nausea

These symptoms can often be worse after a meal.

How is GORD treated?

Management of GORD is directed towards regurgitation of stomach contents in to oesophagus, or reducing acidity in stomach.

Lifestyle and Dietary changes:

- Eat smaller meals: Avoid overfilling the stomach to reduce upward pressure.
- Avoid lying down for at least 3 hours after eating. Elevate the head of your bed by 15–20cm using a foam wedge or blocks.
- Limit "relaxant" foods such as caffeine, alcohol, chocolate, and fizzy drinks
- Losing weight: Reducing excess weight significantly lowers the pressure on your diaphragm.
- Avoid tight clothing around chest or abdomen.
- Stop smoking - smoking worsens acid reflux.
- If symptoms are worse overnight, research suggests that lying on the left side can help some people.

Medical treatment:

- Antacids are useful for immediate, short-term relief.
- Proton pump inhibitors (PPIs) – PPIs such as Omeprazole or Pantoprazole are highly effective medications reducing acidity of gastric juice, thereby allowing oesophageal

lining to heal. It is very important, that these medications are taken on an empty stomach, 30-60 minute before eating. Other medications such as Famotidine (H2 receptor blocker) are sometimes used – these are typically slower acting and less effective than PPIs.

Surgical treatment:

Most people with GORD do not require surgery. If symptoms of reflux are persistent despite making lifestyle changes and medications, surgery may be indicated to 'tighten' the valve between the oesophagus and stomach. Often, if patients also have accompanying Hiatal Hernia, this is surgically repaired at the same time.

When is Gastroscopy indicated?

If symptoms are severe, or persistent, especially in patients over the age of 50, a Gastroscopy may be recommended – this allows for assessment for inflammation, check for complications like stenosis, as well as Barrett`s oesophagus.

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