

Splurge - Volume 5 Issue 10 (October 2010)

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GASTROESOPHAGEAL REFLUX DISEASE

It's the season for fall parties, tailgating and chili cook-offs, which may be a great chance for a discussion about GERD (gastroesophageal reflux disease). Patients with GERD experience chronic difficulty swallowing, heartburn, acid reflux, chest pain and sometimes a lingering dry cough. Some who experience chest pain believe they are having heart problems and, indeed, often these patients also have cardiovascular disease.

However, GERD is a gastroenterological disease that mostly affects the esophagus. Chronic acid reflux (acidic stomach bile) wears down the lining of the esophagus and causes weaknesses in the valve that monitors the intake flow of food and drink to our bodies. When that valve is compromised, acidic fluid may come back up. This generally causes a burning sensation and discomfort swallowing at the very least; at times, it can cause bleeding ulcerations and breathing problems.

The risk factors of GERD are varied: obesity, smoking, asthma, diabetes or a diagnosis of hiatal hernia. Pregnant women often develop this condition, which goes away most of the time after delivery. Scloderma (a connective tissue disorder) can also put you at increased risk of developing GERD.

Chronic acid reflux disease that goes untreated may result in complications that include an open sore in the esophagus (the aforementioned esophageal ulcer), esophageal stricture or pre-cancerous changes to the tissue, call Barrett's esophagus. If your physician thinks you are at risk for GERD, he or she most likely will want to run diagnostic tests to determine a course of treatment. Most often, physicians order x-rays to look at the upper digestive system. Doctors also commonly perform endoscopies. In this test a physician guides a flexible tube down the throat in order to examine the stomach and esophagus. The tube has a camera and a light attached for a more in-depth look at the inner workings, and can also be useful as a tool for taking a tissue sample.

Many of the initial treatments include medication (both over-the-counter and prescription-strength) and lifestyle adjustments (i.e., weight loss, increased exercise, nutritional adjustments, smoking cessation, etc.). If these treatments are not enough to control the disease, there are surgical treatments as well. There are surgeries to reinforce the esophageal valve muscle and one that cinches up the tissue to prevent acidic beverages such as orange juice, and to limit alcoholic beverages and foods that cause heartburn. Also, try not to lie down for two to three hours after eating. For many people, digestive issues are increasingly common in times of stress. When we are anxious or pressured, we tend not to treat our bodies in a healthful manner and our bodies let us know.

Bringing consciousness to your exercise routine and nutritional habits as well as avoiding triggers for stress can do wonders for your health. Be sure to speak to your physician about any discomfort you're

having or if you think you may be a candidate for GERD. The earlier you treat this condition, the better the prognosis, and the healthier and happier your life will be.

Listen to Dr. Galichia's Radio Show – "Take Your Health to Heart" every Saturday from 11 AM to Noon on 1480 KQAM in Wichita. If you have any medically related questions, please call us during the LIVE broadcast at 1-800-TALK-997 or 1-800-825-5997. You can also e-mail your questions anytime to

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