

# Silent Reflux

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## Introduction

Reflux is when acid stomach contents, including food and pepsin (a digestive enzyme) flow back up the oesophagus. In some cases stomach contents not only flow into the oesophagus but also into the throat (larynx and pharynx). If stomach contents reach the throat this is known as laryngopharyngeal reflux (LPR). The structures in the throat are sensitive to acid stomach contents so small amounts of reflux into this area can result in damage. Most of the reflux events that can damage the throat happen without you ever knowing they are occurring this is why it is called silent reflux.

## Silent reflux can cause:

- hoarseness
- sore throats
- a feeling of a lump in the throat (known as globus)
- difficulty swallowing
- too much mucus in the throat
- choking episodes, especially at night
- irritable cough
- throat clearing
- burning/dryness in the throat
- bad/bitter taste in the mouth (especially in the morning)

## When can it happen?

Silent reflux can happen at any time. It can occur during the day or at night when we are sleeping.

## Why don't I have heartburn?

People often ask how they can have reflux but not have heartburn or indigestion. In some people this back flow causes heartburn and indigestion, but in others it does not. Heartburn occurs when the tissue in the oesophagus becomes irritated. In silent reflux the backflow reaches the throat and may or may not cause heartburn or indigestion.

## What can I do to reduce this reflux?

Dietary and lifestyle changes can have a significant impact on reducing silent reflux. Here are some things you can do to help.

- **Stop smoking** –smoking makes you reflux after each cigarette. Ask about your local Smoking Cessation Clinic.
- **Eat a low fat diet.** Limit your intake of fatty foods and butter. Foods to avoid are:  
**fried foods, cheese, chocolate, pastry, curries, spicy foods, crisps, chips**

**Drinks to avoid** that make things worse are:

**Patient Information Leaflet****Coffee, Citrus fruit juices, fizzy drinks**

Coca cola and Pepsi are particularly bad as they are very acidic as well as fizzy.

- **Limit your alcohol intake** as this makes reflux worse. Spirits and white wine are the worst offenders (eg sherry, brandy, vodka etc)
- **Do not lie down just after eating.** Do not eat within three hours of going to bed
- **Don't wear clothing that is too tight**, especially round the waist (trousers, belts, corsets)
- **Bending over can trigger reflux** (eg digging in the garden), as can lifting heavy objects or straining due to constipation
- **If you are overweight** this will contribute to reflux
- **Extreme physical exercise**, such as uphill running, marathons, dancing etc can also cause reflux

**Things that may help**

- **Raising the head of your bed** can help (with large books as bed blocks), as can lying on your left side rather than your right.
- It is helpful to **chew gum** containing bicarbonate of soda (sold as 'tooth whitening gum')
- Take your **reflux medication** as prescribed every day without fail. Missing even one day can cause further damage to your voice box. Keep taking it until you are told to stop. Get further prescriptions from your GP.
- Stopping your reflux medications suddenly can cause rebound reflux making your symptoms appear even worse – a step down program can help to avoid this consult your GP if you have any concerns.

**How is Silent Reflux Treated?**

Each person 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 habits and diet to reduce reflux
- Medications to reduce stomach acid
- Occasionally, surgery to reduce reflux is recommended

### Medical Treatments

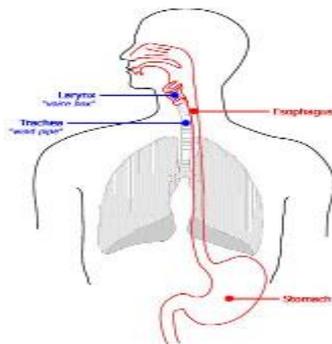
Antacid medications which also contain alginate (such as Gaviscon Advance) are very helpful. Some patients are asked to take this every night before going to bed. It should be the last thing you swallow before going to bed. Others may be asked to take it 15 minutes after each meal and wait 3/4hour before taking anything more orally. This helps to keep the acid, pepsin and stomach contents in your stomach by forming a floating raft.

**Acid blocking agents** called Proton Pump Inhibitors, PPIs (including Rabeprazole(Pariet), Pantoprazole (protium), Lanzoprazole (Zoton) and Omeprazole/Esomeprazole (Losec/Nexium) are often used to reduce acid production in the stomach. They should be taken half an hour before breakfast and evening meal approximately 12 hours apart. These tablets need to be used for several months to work, so please arrange repeat prescriptions from your family doctor. If you have a follow-up appointment, keep taking the tablets until you are instructed otherwise.

**Other acid Blocking agents** such as Ranitidine (Zantac) or Cimetidine (Tagamet) are occasionally used, especially for patients who cannot tolerate the more powerful PPIs listed above.

Please note it is important to check with your GP and/or pharmacist that it is suitable to take these medications, particularly if you take other forms of medication.

Surgery is occasionally required to repair the leaky valve between the stomach and the gullet (oesophagus) which leads to reflux, especially in more severe cases which do not respond well to medications. A form of keyhole surgery called Endoscopic Fundoplication is usually used.



In your condition the stomach juices travel all the way up the food pipe and into the back of throat, this affects and irritates your voice box (larynx) and sometimes the back of your mouth or nose

If the muscle does not work very well, stomach juices can leak back into the food pipe a few centimetres – this is called ‘reflux’ and causes the sensation of burning in the chest, often called heart burn.

## Complications

### Oesophageal ulcers

Excessive acid can damage the lining of your oesophagus and eventually lead to the formation of ulcers. These ulcers can bleed, causing pain, and making swallowing difficult.

### Oesophageal stricture

Repeated damage to the lining of your oesophagus can lead to the formation of scar tissue which may narrow your oesophagus (stricture). This can make swallowing food both difficult and painful.

### Barrett’s Oesophagus

Reflux can lead to changes in the cells of the lining of your lower oesophagus; a condition known as Barrett’s oesophagus. The cells are not cancerous, but there is a small increased risk that they could become cancerous. Every year, 0.5% of people who have Barrett’s oesophagus will develop cancer of the oesophagus.

## References

### Clinical Knowledge Summaries

[http://www.cks.nhs.uk/patient\\_information\\_leaflet/gastro\\_oesophageal\\_reflux\\_disease](http://www.cks.nhs.uk/patient_information_leaflet/gastro_oesophageal_reflux_disease) May 2011

**Laryngopharyngeal reflux is different from classic gastroesophageal reflux disease:** Koufman JA, Ear. Nose & Throat Journal, September 2002, vol./is 81/9 Supple 2, (7-9)

For further information on the references and sources used for this leaflet, please contact 01625 661184.

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