

Eat, Drink and Be Wary

Chronic heartburn may indicate a more serious disorder

By Teri Donahoo

Spartanburg, SC--We've all been guilty of overindulging at one time or another – particularly

during the holiday season – and have suffered the discomfort that often follows. Sometimes the pain after eating too much is more severe than the typical gas, bloating, or indigestion or it happens more frequently and is hard to control with the usual over-the-counter remedies. And sometimes heartburn just happens and has nothing to do with what we've eaten.

According to the American Gastroenterological Association, one out of every five Americans experiences heartburn at least once a week. “While it’s common, don’t take heartburn lightly. Frequent indigestion may indicate a serious health problem known as gastro-esophageal reflux disease (GERD) – severe or chronic acid reflux that can lead to complications such as sleep disorders, esophageal bleeding or ulcers, and cancer,” says Dr. Bennett Bruckner, gastroenterologist with Mary Black Gastroenterology.

Heartburn, or indigestion, is that pain in the chest we feel after overeating. It’s caused by stomach acid backing up into the esophagus, the muscular tube that carries food from the throat to the stomach. Overeating isn’t the only cause of acid reflux. It can also be triggered by medications, exercise, obesity, pregnancy, stress, chronic health conditions – such as asthma, diabetes or a hernia – or even sleeping in certain positions.

The signs and symptoms for heartburn and GERD are similar. The difference is generally the frequency and severity of the following symptoms:

- difficulty swallowing
- coughing and wheezing
- sore throat or hoarseness
- a sensation of having a lump in your throat
- a burning sensation in the chest
- chest pain, particularly while lying down at night

It’s possible to control heartburn with a few simple lifestyle changes or over-the-counter medications. If your heartburn does not respond to lifestyle changes or medications, your doctor will test for GERD. A few methods commonly used to diagnose GERD include an upper GI exam (x-rays of the upper digestive tract), endoscopy (insertion of a flexible tube down the throat to examine the inside of your esophagus and stomach), or an ambulatory acid probe test (monitoring the timing and frequency of stomach acid flowing back into the esophagus, using a catheter or chip

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inserted in the esophagus)
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Medications for GERD include antacids, which neutralize stomach acid for quick relief, but don't heal the esophagus; H-2 receptor blockers, which reduce acid production, acting slower but lasting longer than antacids to provide symptoms relief; and proton pump inhibitors, which block acid production and heal the esophagus. These medications are also available through your doctor in prescription-strength versions.

When medications fail to relieve GERD, surgery is usually considered. Various surgical procedures can strengthen the esophageal sphincter and prevent the backflow of stomach acid. Your doctor can help with recommendations for lifestyle changes or the best surgical solution for your needs.

Mary Black Gastroenterology is located at 11 Doctor's Park, Suite 240, Spartanburg SC 29307. For more information, or to request an appointment, visit www.MyMaryBlackPhysicians.com/gastro or call (864) 342-4115.