

Tips For Reducing Reflux and LPR Control your lifestyle and your diet!

- If you use tobacco, QUIT.
Smoking may make you reflux.
- Don't wear clothing that is too tight, especially around the waist (trousers, corsets, belts).
- Do not lie down just after eating . . . in fact, do not eat within three hours of bedtime.
- Avoid caffeine (especially coffee and tea), soda pop (especially cola), and mints, if they increase your symptoms.

Will I Need LPR Treatment Forever?

Most patients with LPR require some treatment, most of the time, and some people need medicine all of the time. Some people recover completely for months or years, and then may have a relapse. For people with severe LPR, or people who cannot take reflux medicine, "antireflux" surgery (to create a new and better stomach valve) may be recommended. In people who have this surgery, most get good relief from LPR for many years.

On the Day Before Your Procedure

To ensure the most accurate results possible, it is important that you do not eat or drink anything after midnight on the day before the procedure.

*If you are scheduled for an afternoon procedure, you may continue drinking small quantities of clear liquids up to 6 hours prior to your scheduled arrival time.

CLEAR LIQUIDS: water, apple juice, ginger ale, sprite, beef or chicken broth **WITHOUT** noodles, coffee or tea **WITHOUT** cream or milk, most sodas, sherbet, popsicles, and Jell-O that is not red or orange. **DO NOT DRINK ANYTHING RED OR ORANGE.**

*If your physician wants you to continue taking your medications for the test, please take them with a small sip of water. **REMEMBER**, you may take liquid antacids up until midnight.

What Kind of Problems Can LPR Cause and Are They Serious?

LPR can cause serious problems. LPR can cause noisy breathing, choking episodes, breathing problems (such as asthma or bronchitis), and very uncommonly, cancer of the esophagus, throat, or voice box. (For cancer to develop as a result of LPR, the LPR must be very severe and go untreated for many years.)

Can Children Get LPR?

Yes, throat and lung breathing problems in infants and children can be caused or worsened by LPR. LPR is more difficult to diagnose in children, so infants and children who may have LPR should be taken to specialists for pH-metry and other tests.



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LPR Reflux

Stomach Acid In The Throat

LPR Can Cause

Hoarseness

Trouble swallowing

Too much throat mucus

A "lump" in the throat

Chronic cough

Heartburn



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Laryngopharyngeal Reflux

Laryngopharyngeal reflux is also known as extraesophageal reflux disease. It results from chronic acid exposure in and around the vocal cords and larynx.

Common symptoms include:

- Hoarseness
- Thick or too much mucous
- Chronic throat irritation
- Chronic throat clearing
- Heartburn
- Chronic cough
- Cough that wakes you from your sleep

What is Laryngopharyngeal Reflux (LPR)?

Acid is normally produced in the stomach. It is prevented from backing up or refluxing into your esophagus (or food pipe) and throat by a band of muscle at the entrance of the stomach known as the lower esophageal sphincter. If this band of muscle is not functioning well, you can have a backflow of acid into your esophagus and into your throat and voice box. This is called Laryngopharyngeal Reflux (LPR).

But I Don't Have Heartburn?

Many people with LPR do not have symptoms of heartburn. Compared to the esophagus, the voice box and the back of the throat are significantly more sensitive to the affects of the acid on the surrounding tissues. Acid that passes quickly through the food pipe does not have a chance to irritate the area for too long. However, acid that pools in the throat and voice box will cause prolonged irritation resulting in the symptoms of LPR.

How Do I Know if I Have LRP?

Chronic hoarseness, throat clearing, and cough, as well as a feeling of a lump in the throat or difficulty swallowing, may be signs that you have LPR. Some people do have heartburn, too. Some people have hoarseness that comes and goes, and others have a problem with too much nose and throat drainage, that is, too much mucus or phlegm.

If you have any of these symptoms, and especially if you smoke, you should ask your doctor about LPR. The specialist who most often treats people with LPR is the Otolaryngologist (Ear, Nose, and Throat Physician).

If your doctor thinks that you could have LPR, he or she will probably perform a throat exam first and look at the voice box and the lower throat. If this area looks swollen and/or red, you may have LPR. At that point, your doctor may order some tests or recommend specific treatment.

What Tests Might My Doctor Order?

If your doctor orders tests, this is to be sure about your diagnosis, to make sure that you don't have any complications of LPR, and to help pick the best type of treatment for you.

The two most common tests for LPR are pH monitoring, also called pH-metry, and a esophagoscopy. These two tests are different, and it is common to have both tests done.

A trans nasal esophageal exam may be performed if esophageal dysfunction or abnormalities are suspected. This is a painless procedure that allows for direct visualization of the esophagus and is done in an office setting without the need for general anesthesia.

What is it Like to Have pH-Metry?

pH-metry takes about 24-hours to complete. People are not admitted to the hospital for this test. pH-metry is used to actually measure acid in your esophagus. Some people say this test is annoying, but it is usually not painful.

To do this test, you will have a small, soft, flexible tube inserted in your nose for placement in your throat. The tube will be left in place for a recommended 24 hours. The tube, called a "pH probe," is connected to a small computer (a box that you wear around your waist) that measures acid in your esophagus and in your throat. pH-metry is the best test for LPR, and it can help your doctor determine the best treatment for you.

How is LPR Treated?

Treatment for LPR should be individualized, and your doctor will suggest the best treatment for you. Generally, there are several treatments for LPR:

- (1) changing lifestyle habits and diet to reduce reflux,
- (2) medications to reduce stomach acid, and
- (3) surgery to prevent reflux

Most people with LPR need to modify how and when they eat, as well as take medication to get well.