

TIPS FOR REDUCING REFLUX AND LPR

Control your LIFE-STYLE and your DIET!

- If you use tobacco, QUIT. Smoking makes your reflux. After every cigarette, you have some LPR.
- 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.
- You should be on a low-fat diet.
 - Limit your intake of red meat.
 - Limit your intake of butter.
 - Avoid fried foods.
 - Avoid chocolate.
 - Avoid cheese.
 - Avoid eggs.
- Specifically avoid caffeine (especially coffee & tea), soda pop (especially cola), & mints
- Avoid alcoholic beverages, particularly in the evening.

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.

In one way, having LPR is a little like having high blood pressure – with treatment, LPR does not usually cause serious medical problems, but without treatment, LPR can be serious, even dangerous.

For people with severe LPR, or people who cannot take reflux medicine, “antireflux” surgery (to restore a new and better stomach valve) may be recommended. In people who have this surgery, most get good relief from LPR for many years.

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, lung, 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 that infants and children who may have LPR should be taken to specialists for pH-metry and other tests.

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SILENT REFLUX

Laryngopharyngeal Reflux (LPR)

Silent Reflux Can Cause

- Hoarseness
- Trouble swallowing
- Too much throat mucus
- A “lump” in the throat
- Chronic cough
- Heartburn

WHAT IS SILENT REFLUX? WHAT IS LPR?

The term REFLUX comes from a Greek word that means “backflow,” and it usually refers to “the back flow of stomach contents.” Normally, once the things that we eat reach the stomach, digestion should begin without the contents of the stomach coming back up again ... refluxing.

The term **Larynopharyngeal Reflux** (LPR) refers to the backflow of food or stomach acid all of the way back up into the larynx (the voice box) or the pharynx (the throat). LPR can occur during the day or night, even if a person who has LPR hasn't eaten a thing.

Not everyone with reflux has a lot of heartburn or indigestion. In fact, many people with LPR never have heartburn. This is why LPR is called SILENT REFLUX, and the terms “Silent reflux” and “LPR” are often used interchangeably. Because LPR is silent, it is sometime difficult to diagnose.

MANY PEOPLE WITH LPR DON'T HAVE HEARTBURN...WHY IS THAT?

Some people with LPR do have heartburn. Some people with LPR don't have heartburn very often, but actually about half of the people who have LPR never any heartburn at all. This is because the material that refluxes does not stay in the esophagus for very long. In other words, the acid does not have enough time to irritate the esophagus and cause heartburn.

However, if even small amounts of refluxed material comes all of the way up into the throat, other problems can occur. This is because compared to the esophagus, the voice box and throat are much more sensitive to injury and irritation from stomach acid. Also, LPR can sometimes affect a persons breathing and lungs.

HOW DO I KNOW IF I HAVE LPR?

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 probably 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 barium swallow. These two tests are different, and it is common to have both tests done.

The barium swallow, is an xray test in which you must swallow chalky material that can be seen on the xrays. This test shows how you swallow and it shows if there is a narrowing or other abnormality of the throat or esophagus. It is a good test to evaluate the entire swallowing mechanism.

WHAT IS LIKE TO HAVE pH-METRY?

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

To do this test, you will have a small, soft, flexible tube placed through your nose, which stays in your throat over night. 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 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 some medication, to get well. Sometimes, nonprescription liquid antacids, such as Maalox, Gelucil, and Mylanta are recommended. When used, these antacids should be taken four times each day – one tablespoon, one hour after each meal, and before each bed time.

Dietary and lifestyle changes alone, are not often enough to control LPR – medications that reduce stomach acid are also usually needed. These must be prescribed by your doctor.