

# Silent Reflux

Reflux is the regurgitation of acid stomach contents back into the gullet (oesophagus) and even up to the back of the throat. In some people this causes heartburn and indigestion, but when it does not, it is called Silent Reflux (Laryngopharyngeal reflux: LPR).

## Silent Reflux causes:

- hoarseness
- trouble swallowing
- too much mucus in the throat
- a lump in the throat (known as Globus)
- burning/dryness in the throat
- irritable cough
- choking episodes, especially at night
- sore throats.

## What can I do to reduce this reflux?

- if you use tobacco, stop. Smoking causes reflux. After every cigarette, you have some reflux. Ask about your local Smoking Cessation Clinic
- take your reflux medication every day as prescribed 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
- don't wear clothing that is too tight, especially around the waist (trousers, corsets, belts)
- bending over can trigger reflux, as can lifting heavy objects or straining due to constipation
- do not lie down just after eating. Do not eat within three hours of bedtime
- raising the head of your bed can help, as can lying on your left side rather than your right
- you should eat a low-fat diet. Limit your intake of fatty foods. Avoid fried foods, chips, chocolate, cheese and pastry
- caffeinated drinks (coffee, strong tea), citrus juices, and any form of fizzy drink can make things worse. Coca Cola and Pepsi are particularly bad as they are very acidic as well
- it may be helpful to chew gum containing bicarbonate of soda ("tooth whitening gum"), as may drinking bottled alkaline mineral water (eg. Saka, Icelandic etc)
- if you are overweight, this will make things worse, but be warned that extreme physical exercise can also cause reflux
- alcohol makes reflux worse, so limit your intake. Spirits, white and rosé wine, and fizzy lager are the worst offenders.



## How is Silent Reflux treated?

Each patient 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

Medications which 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. Do not have anything at all to eat or drink after taking it. Some people may be asked to take it after each meal as well.

Acid blocking tablets called Proton Pump Inhibitors (including Rabeprazole (Pariet), Pantoprazole (Protium), Lansoprazole (Zoton) and Omeprazole/Esomeprazole (Losec/Nexium) are often used to reduce acid production by the stomach. They should be taken half an hour before breakfast and evening meal. 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 tablets such as Ranitidine (Zantac) or Cimetidine (Tagamet) are occasionally used, especially for patients who cannot tolerate the more powerful Proton pump inhibitors listed above.

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

## Want to know more?

Visit [www.lpradvice.co.uk](http://www.lpradvice.co.uk)

## Patient Experience Team

The team are available to offer advice or information on healthcare matters. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. The team can visit inpatients on all Trust sites.

**The contact details are:** Telephone: **01302 553140** or **0800 028 8059**

**Email:** [pals.dbh@dbh.nhs.uk](mailto:pals.dbh@dbh.nhs.uk)

