

Healthy Outlook Blog

Putting Out the Fire: Long-Term Relief for Gastroesophageal Reflux Disease

 Like 59

By Sue Russell | Posted August 25 2011

Guest blogger Sue Russell is an award-winning journalist and an author. She has written for top international publications including the Washington Post, [Miller-McCune.com](#), American Legion, Redbook, Good Housekeeping, Cosmopolitan, [Healthline.com](#), The Independent and Sunday Times, UK, and Asia Tatler. *Lethal Intent* is her true crime book about serial killer Aileen Wuornos. Her web site is [www.suerussellwrites.com](#)

If heartburn and acid reflux are more chronic than occasional, [gastroesophageal reflux disease](#), or GERD, may be to blame. With an estimated 30 million Americans affected, new research suggests that laparoscopic surgery can be highly effective at helping patients achieve and remain in remission with benefits comparable to those of medication.

ABOUT OUR BLOG

Our blog is a collection of thoughts and stories that serve as inspiration for what healthymagination is—a shared commitment to creating better health for more people. It's written by the people behind healthymagination, as well as members of our advisory board and guest contributors from around the web.

YOU MIGHT LIKE



[Tiny Tots in the Dentist's Chair Among Changes in Pediatric Dentistry – MedicineNet](#)

Kids are going to the dentist at a younger age—and several innovations are improving children's dental care. Dental sealants may be helpful for cavity prevention if the biting surface of a child's back teeth has crevices that are hard to clean. Also relatively new are fluoride treatments that are

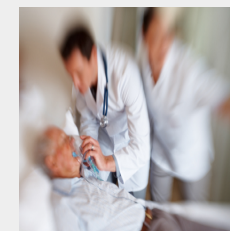


When acid indigestion and heartburn can't be blamed on an especially spicy chili dish or too many pickles, and symptoms strike more than twice a week, the problem may well be GERD. As is also the case with heartburn, hallmarks of GERD include a bitter or sour taste in the mouth or backflow of stomach acid. Other problems may include difficulty swallowing, hoarseness, or a dry cough. Symptoms range from mild to severe and the usual first line of defense is medication. GERD is a chronic condition and can be dangerous if left untreated. Over time, the acid causes damage, which in some cases can lead to [Barrett's esophagus](#), a disorder linked to increased risk for esophageal cancer.

The trouble starts with the muscle at the end of the esophagus, the

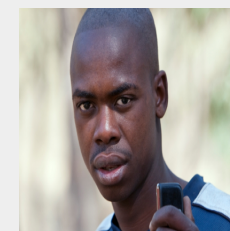
tube connecting the mouth to the stomach. It's a one-way, flapper-style valve that opens as you swallow, yet weakens and fails to close properly afterwards with the onset of GERD. That lets digestive juices and stomach contents leak back (or reflux) up the esophagus.

more concentrated than the form provided [...]



First Bedside Genetic Test Identifies Right Drug for Stent Patients

Now, Canadian biotech firm Spartan Bioscience has developed the first bedside genetic test for heart patients, the Spartan Rx. The device tests DNA from a simple swab of cheek saliva to identify star-2 allele carriers, allowing patients to be treated with the right anti-clotting medication.



Smartphones Improve Disease Surveillance in the Developing World

One of the biggest challenges facing public health officials in developing nations is implementing systems to manage disease surveillance. Enter smartphones, which provide relatively inexpensive and powerful computing tools—combined with communications and GPS capabilities.

POPULAR TOPICS

[Health](#)

[Health Tips](#)

[Lifestyle](#)

[Healthy Behaviors](#)

[Wellness](#)

[Everyday Health](#)

[Results of a new 5-year study](#) published in the *Journal of the American Medical Association* indicate that laparoscopic antireflux surgery (LARS), which tightens the valve, works as well as the medication esomeprazole (Nexium) in achieving remission.

All participants in this ongoing, long-term Lotus trial had previously been helped by esomeprazole. The 372 study participants at the five-year mark had either received LARS or 20-40 mg of esomeprazole daily. 92% of the esomeprazole takers and 85% of those who had surgery either had no GERD symptoms, or acceptably mild symptoms. The difference between the two groups was not statistically significant, following best case scenario modeling of the effects of study dropout. According to the study's lead researcher Jean-Paul Galmiche, M.D., professor of gastroenterology at Nantes University in France, "We have shown that the treatment of gastroesophageal reflux has dramatically improved during the last decade, both with surgical and medical treatment."

For some who have surgery, however, problems can arise with swallowing and belching. If the repair is too tight, gas can't escape, causing gas-bloat syndrome and necessitating a corrective procedure. Medications are not without problems either, though. Doctors may therefore need to weigh the pros and cons of each treatment depending on the unique medical profiles of each patient.

To [Dr. Rodney Barker](#) of the [Physicians Medical Center Hospital in Santa Fe](#), the study's take-home message is that surgery is no better than medicine. Why risk surgery if medicine works, he asks. He won't perform it unless medicine fails or isn't viable for some reason. For patients who aren't helped by medication, however, surgery can really pay off, he adds. "Where the medicine's not doing the job, (patients) have throat issues, lung issues, and some people can't sleep in their beds at night because they lay down and all this fluid comes back up into their mouth and throat. I've had patients have to sleep in their chairs for two years."

If esomeprazole is working for someone, he says, statistically, surgery will not make

innovation

Health Information

Research

Technology

OUR AUTHORS



Lisa Collier Cool



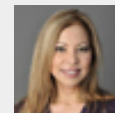
Sam Greengard



Jane Langille



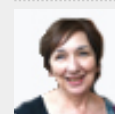
Britta Barrett



Linda Melone



Dan Ferber



Paula Dranov



Sue Russell

BLOGROLL

- [New York Times Well](#)
- [John Barhan](#)

them feel any better. And there is no guarantee that having surgery means they can stop taking medication. About 15 percent of patients who have anti-reflux surgery end up back on medication.

In Barker's experience, 90 percent of those with GERD symptoms do well on esomeprazole and 10 percent do not. "And if you take those 10 percent and operate on them," he says, "that's when you get the biggest bang for the buck. That's where you do the most good." While surgery stops or greatly reduces reflux, pills do not change the reflux mechanism. They treat it so that the reflux is not acidic, meaning it is no longer nasty-tasting or damaging.

"For most people, that's all you need to do," he says. "If you take the acidity away, the esophagus heals, the burning goes away, and they feel fine. The people that I generally operate on have other issues from reflux."

Surgery can be the best option for patients whose asthma is worsened by GERD, or for those who can't remain on medication because of side effects like diarrhea and nausea. Esomeprazole, a [proton pump inhibitor](#) (PPI) drug, may also increase the risk of fractures so long term medication use may not be a good choice for someone with osteoporosis.

There are some surgical failures, Barker notes, but for "the majority of patients, it's a permanent fix." 50 percent of his surgeries are now a newer, minimally invasive alternative called [Transoral Incisionless Fundoplication](#), or TIF, a procedure that's performed through the mouth. Lifestyle changes in conjunction with medications are often a perfectly good solution for most GERD sufferers. Yet very few discuss this important option with their physicians. Barker says many patients could fix or reduce their own reflux if they lost weight or ate better. They can also try cutting out smoking, if applicable, and avoid consumption of such GERD triggers as alcohol, coffee, citrus fruits and juices, and fatty, fried, acidic or spicy foods. Smaller meals can also help, as can avoiding eating close to bedtime.

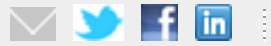
- [John Barker](#)
- [The Healthcare IT Guy](#)
- [The Health Care Blog](#)
- [KevinMD](#)
- [Cooking Light Eating Smart](#)
- [Think Simple Now](#)
- [Good Magazine](#)
- [Diets In Review](#)
- [The Next Level](#)

CONTACT US

Share your ideas at:
contact.healthymagination@ge.com.

CONNECT THE DOTS

Learn more from [MedlinePlus at the US National Library of Medicines](#), the [American Gastroenterological Association](#), the [University of Wisconsin-Madison](#), and the *[Journal of the American Medical Association](#)*.



ADD NEW COMMENT

Login



Type your comment here.

◀ PREVIOUS POST

NEXT POST ▶

About Healthmagination

[What is Healthmagination?](#)

[Leadership](#)

[Advisory Board](#)

[Press](#)

Projects

[All Faces](#)

[Game Changers Summit](#)

[Better Health Evaluator](#)

[Health of Nations](#)

Stories

[GOOD Guide to Living Better](#)

[Healthy School Days](#)

[Meet mobilegs](#)

[Morsel Summer Survival Guide](#)

From the Better Health Blog

[Tasty Farmer's Market Recipes](#)

[The Anti-Diet: Winning the War on Obesity](#)

[Tiny Tots in the Dentist's Chair Among](#)

[Changes in Pediatric Dentistry –](#)

[GE Healthcare](#)
[GE Reports](#)
[2009 Annual Report](#)
[2010 Annual Report](#)

[Healthy How-To's](#)
[Visualizing Data](#)
[Healthy Innovation](#)
[Better Health Study](#)
[Sharing Healthy Ideas](#)

[The Art of Therapy](#)
[Healthy Alterations](#)
[Decoding Data](#)
[Pediatric Adventures](#)
[Hip-Hop Health](#)

[MedicineNet](#)

Applications

[HealthyShare](#)
[Fit Friendly](#)
[Stats of the Union](#)
[Morsel](#)
[I'm Expecting](#)
[Sleep on It](#)
[Moody Me](#)
[Patient Shuffle](#)
[My Diet Diary](#)

Social Presence

[Blog](#)
[Facebook](#)
[Twitter](#)
[YouTube](#)



[Contact Information](#)

[Privacy](#)

[Terms](#)

[Sitemap](#)

[© 2012 General Electric Company](#)