



# "Digest This"

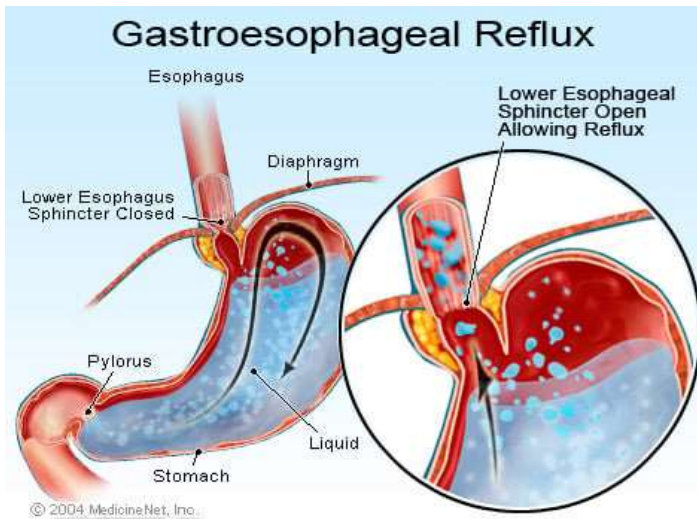
A monthly newsletter from Dr. Carey Strom, MD, FASGE

**December 1st, 2022**

## **My Dear Patients:**

Gastroesophageal reflux disease (GERD), aka acid reflux, affects many of us. When there is weakness of the muscle connecting the esophagus and stomach (lower esophageal sphincter), acid from the stomach can flow back up into the esophagus. This causes irritation and inflammation of the lining of the esophagus. In some cases, it can go as high as your larynx causing vocal changes, cough, laryngitis, sinus infection, pneumonia, new or worsening asthma, and even dental cavities.

Other symptoms include a burning sensation in your chest, typically after eating, which can worsen at night or while lying down. It is also associated with regurgitation of food, a sensation of a lump in your throat, trouble swallowing, tightness in the abdomen, nausea, sore throat, and/or upper abdominal or chest pain which can easily be confused with heart disease.



Weakness of the lower esophageal sphincter can be caused by certain foods, alcohol, smoking, medications (NSAID's, nitroglycerin, bisphosphonates, progesterone, etc.), obesity, pregnancy, and a hiatal hernia (stomach bulging above the diaphragm). When the esophagus is exposed to acid for too long, it can become inflamed, develop an ulcer, or become narrowed by stricture formation. Long-term exposure can cause Barrett's esophagus which increases the risk of esophageal cancer.

GERD is typically diagnosed based on symptoms alone. However, coronary artery disease can be misclassified as heartburn because of similar symptoms they share, so you should always speak to your internist or cardiologist if you are experiencing these symptoms.

For mild heartburn, treatment includes antacids and lifestyle modifications such as eating earlier before you go to bed, diet modification, and getting substantial sleep. If symptoms persist, and heartburn is not relieved by medication, an upper endoscopy would be warranted. Some more severe symptoms would be blood in stool, difficulty swallowing, or weight loss, and you should notify your doctor immediately if you experience any of these. An endoscopy entails passing a flexible tube through the mouth down the esophagus going into the stomach. During the procedure, routine biopsies are taken to check for any signs of inflammation, infections, or cancers.

Additional tests can also be performed:

- 1) Barium Swallow - Liquid is swallowed and multiple X-rays are taken that is used to outline the esophagus. It looks for any abnormalities in the esophagus including dilation or strictures.
- 2) Motility Studies - This checks the squeezing function of the esophagus when you swallow. This procedure is typically done when there is pain while swallowing.
- 3) Esophageal pH monitoring - The pH or acid level of the esophagus is measured by placing a small chip in the esophagus.

It is important to treat acid reflux to prevent it from developing into GERD, Barrett's esophagus, or cancer. Typically, a short-term treatment with antacids allows the esophagus to heal, inflammation to subside, so you can eventually return to a normal diet. If Barrett's esophagus has developed, a procedure called radiofrequency ablation can be done which burns out abnormal cells; this procedure may lessen the risk of cancer. In rare situations, a surgery called Nissen fundoplication can be performed, which involves wrapping the stomach around the lower esophagus.

Lifestyle changes include weight loss, elevating the head at night, and avoiding certain foods like coffee, chocolate, fatty foods, acidic foods, and carbonated beverages. It is important to eat smaller but more frequent meals, stop smoking, and avoid lying down immediately after eating.

For more information, or to know if you are **up to date with your colonoscopy or endoscopy screenings**, please do not hesitate to call us at our office at 310-550-0400 or email us at [info@doctorstrom.com](mailto:info@doctorstrom.com).

### **Our Advocacy Program**

We have had enormous interest in our program. Our office would be the liaison between you and your doctors for your other medical issues that are *not* necessarily gastrointestinal related. Some of the benefits would be educating you and your family regarding your medical condition by accessing your medical records with your permission, asking appropriate questions to your healthcare providers that you may not know to ask, and make sure that you are compliant with your medications and treatment plan. Everybody has

experienced that with the electronic medical records there is less communication between healthcare providers and things may be overlooked. We bridge the gap between you and your entire medical team to give you peace of mind. We will also give you direct access to the doctor with a private cell phone number. This model is akin to having a trusted relative who is a doctor that you can access easily. Since many of you did not receive the original letter sent out last month, it is attached below. Please don't hesitate to contact our office if you have questions about our program.

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