REFLUX & SWALLOWING CENTER

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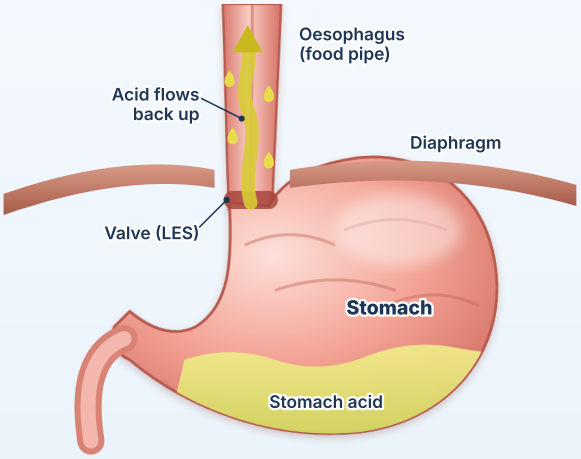
Reflux (GORD)

Acid reflux and heartburn

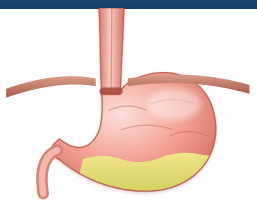
Reflux happens when stomach contents flow back up into the oesophagus (food pipe). Occasional reflux is normal. When it is frequent or troublesome, it is called gastro-oesophageal reflux disease (GORD).

Most people with reflux feel much better with simple lifestyle changes and the right medicine.

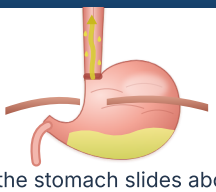
What happens in reflux?



Normal: valve closes



Hiatus hernia



Top of the stomach slides above the diaphragm

How common is it?

Very common at all ages



10–20% of adults have heartburn or reflux every week

Reflux is **very treatable**. Occasional heartburn after a big meal is normal.

Why does reflux happen?

- Extra weight around the tummy
- Large, late or fatty meals
- A hiatus hernia
- Smoking and alcohol

What are the symptoms?

- Heartburn: burning behind the breastbone
- Regurgitation or a sour taste
- Cough, hoarse voice or throat clearing
- Worse after meals or lying down

Important:
Chest pain should **always** be checked. Heart problems must be ruled out before assuming it is reflux.

Lifestyle changes that help

- Healthy weight: even modest loss helps
- Last meal 3 hours before bed
- Raise the head of the bed
- Cut down on alcohol
- Stop smoking
- Notice your own food triggers

You do NOT need to cut out lots of foods.
Only avoid the foods or drinks that clearly trigger your own symptoms.

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Treating Reflux

Medicines, tests and when to see a doctor

Most reflux is well controlled with lifestyle changes and medicine. Some people need tests to confirm reflux, check the oesophagus or plan further treatment.

Use the lowest dose of medicine that controls your symptoms, and review it with your doctor.

Medicines for reflux

Quick relief
(as needed)

- Antacids and alginates (e.g. Gaviscon)
- Work in minutes; good for occasional symptoms

Proton pump inhibitors
(PPIs)

- Most effective (e.g. esomeprazole)
- Take 30 to 60 minutes before a meal
- Do not stop suddenly after long-term use

Complications (uncommon)

- Oesophagitis (inflamed lining)
- Narrowing (stricture)
- Barrett's oesophagus
- Bleeding (rare)

Tests your specialist may recommend

Gastroscopy
(camera test)

Checks for inflammation, narrowing, hiatus hernia or Barrett's oesophagus.

pH or Bravo test
(acid monitoring)

Measures acid reaching the oesophagus. PPIs are usually stopped 7 days before if reflux is unproven.

Manometry
(pressure test)

Checks how the oesophagus squeezes, especially before anti-reflux surgery.

Barrett's oesophagus

Long-standing reflux can change the lining of the lower oesophagus. The cancer risk is **low**, but regular surveillance gastroscopy is recommended, usually every 3 to 5 years.

Surgery or procedures

Considered for some people with proven reflux who do not respond to, or do not want, long-term medicine. Testing is done first.

Seek urgent medical attention if you have:

- Chest pain (call 000)
- Food stuck or trouble swallowing
- Vomiting blood
- Black, tarry stools
- Unexplained weight loss

Your personalised advice

Sources: ACG Clinical Guideline for the Diagnosis and Management of GERD (2022); Lyon Consensus 2.0 (2024); ACG Clinical Guideline: Diagnosis and Management of Barrett's Esophagus (2022). Reviewed by Dr Ali Zad, November 2026. General educational information only, not a substitute for personal medical advice.

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