

Sending Reflux Back Where it Belongs

by Tim Ditman

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No eating after 6 p.m.

The advice from [Greg Ward, MD](#), is sure to raise some eyebrows.

But he's serious. It's one way to prevent reflux, an ailment that's painful and annoying in mild cases and can necessitate surgery in advanced instances. And it's something to be aware of during holiday eating.

Terminology

Dr. Ward, an OSF HealthCare surgeon, says you may hear many terms in this area of medicine: reflux, acid reflux, heartburn, indigestion and gastroesophageal reflux disease (GERD). They all describe the same thing: acidic contents of your stomach coming up into your esophagus and burning it.

“People lose sleep over it. They wake up in the middle of the night coughing. They have other discomfort,” Dr. Ward says.

One outlier term: Barrett’s esophagus. That’s when your esophagus (also called the food pipe) is damaged from chronic reflux, and abnormal cells grow. It’s named for Australian-born surgeon Norman Rupert Barrett, according to the National Institutes of Health. Barrett’s esophagus comes with an increased risk of esophageal cancer, and Dr. Ward says typical reflux treatments won’t work to lower the cancer risk. Instead, a doctor can use heat energy to destroy the abnormal cells.

Reflux treatment and prevention

Dr. Ward says changing your lifestyle is the best way to prevent reflux. Here’s a checklist to know:

- Don’t eat after 6 p.m. This can upset your stomach.

“People love to have things like ice cream right before bed. That’s a killer for reflux,” Dr. Ward says.

- Avoid excess fatty food, nicotine, caffeine and alcohol.
- Exercise regularly.
- Sleep on an incline with your head above the rest of your body. This keeps the stomach fluid in place, Dr. Ward says. Don’t just do this with pillows, he warns. That can actually pinch the stomach. Instead, put the head of your bed frame on six-inch blocks.

Advanced cases

Dr. Ward says if simple lifestyle changes aren’t helping, the next step is likely medication. Protonix, Prevacid and Tagamet are common ones.

But some people won’t respond well to medication, or they don’t want to take it for the rest of their life, perhaps due to side effects like bone weakening and increased pneumonia risk. Dr. Ward says those people are candidates for minimally invasive laparoscopic surgery.

The person will do some pre-surgery tests to see how well their esophagus is working. The muscle needs to be working well for surgery to be an option.

On surgery day: “We wrap the stomach a bit around the esophagus to keep food from going back up into the esophagus when it shouldn’t,” Dr. Ward explains.

Dr. Ward adds that the procedure is usually a one-night stay in the hospital, but people usually report feeling better quickly.

“Very satisfying,” he says.

Another eyebrow raiser, but important guideline post-reflux surgery: no more carbonated beverages like soda. For life.

“You’re unable to burp,” Dr. Ward says plainly.

“You’ll really get uncomfortable if you drink a carbonated beverage. And if you force yourself to burp, it loosens the work we’ve done in surgery. All of a sudden, you’re having heartburn again.”

A small price to pay for a lifetime of minimal or no reflux.