

## LPR Reflux

### - Stomach Acid in the Throat -

#### Stomach Acid in the Throat Can Cause:

- Hoarseness
- Heartburn
- Trouble Swallowing
- Chronic Cough
- Too Much Throat Mucus
- A “*Lump*” in the Throat

#### What is Reflux? What is LPR?

The term REFLUX comes from a Greek word that means “*backflow*”, and it usually refers to “*the back flow of stomach contents*”. Normally, once the things we eat reach the stomach, digestion should begin without the contents of the stomach coming back up again . . . refluxing.

The term LARYNGOPHARYNGEAL REFLUX (LPR) refers to the backflow of food or stomach acid all the way back up into the larynx (the voice box) or the pharynx (the throat). LPR can occur during the day or night, even if a person who has LPR hasn’t eaten a thing during the last couple of hours.

Not everyone who has reflux has LPR. Some people have reflux just into the esophagus (the swallowing tube that joins the throat to the stomach). If this happens a lot, a person may develop heartburn (a painful, burning sensation in the chest).

#### Many People with LPR don’t have Heartburn . . . Why is that?

Some people with LPR have a lot of heartburn, but people who have LPR usually don’t have heartburn very often. In fact, half of all people who have LPR never have heartburn at all. This is because the material that refluxes does not stay in the esophagus for very long. In other words, the acid does not have enough time to irritate the esophagus.

However, if even small amounts of refluxed material come all the way up into the throat, other problems can occur. This is because compared to the esophagus, the voice box and throat are much more sensitive to injury and irritation from stomach acid.

## **How do I know if I have LPR?**

Chronic hoarseness, throat clearing, cough, *feeling of a lump in the throat* or difficulty swallowing – may be signs you have LPR. Some people have heartburn, too. Some people have hoarseness that comes and goes. Others have a problem with too much nose and throat drainage – a feeling of too much mucus or phlegm.

If you have any of these symptoms, and especially if you smoke, you should ask your doctor about LPR. An Otolaryngologist (Ear, Nose and Throat Physician) is the specialist who most often treats people with LPR.

If your doctor thinks you may have LPR, he or she will perform a throat exam by looking at your voice box and lower throat. If this area looks swollen and/or red, you may have LPR. At this point, your doctor may order some tests or recommend specific treatment.

## **What Tests might my Doctor Order?**

Your doctor orders tests to make a correct LPR diagnosis, to evaluate any complications of LPR you may have, and to help pick the best type of treatment for you.

The two most common tests for LPR are: pH monitoring, also called pH-metry, and a barium swallow. These two tests are different, and it is common to have both tests done.

A barium swallow is an x-ray test in which you must swallow a chalky, liquid material that can be seen on the x-rays. This test shows how you swallow. It also shows if there is a narrowing or other abnormality of your throat or esophagus. This is a good test to evaluate your entire swallowing mechanism.

## **What is it like to have pH-metry?**

pH-metry takes about 24-hours to complete. People are not usually admitted to the hospital for this test. pH-metry is used to actually measure the amount of acid in your esophagus. Some people find this test annoying, but it is usually not painful.

To do this test, you will have a small, soft, flexible tube inserted in your nose for placement in your throat. This tube will be left in place for 24 hours. The tube, called a “pH probe” is connected to a small computer (a box you wear around your waist) and measures the acid in your esophagus and in your throat. pH-metry is the best test for LPR, and can help your doctor determine your best treatment.

## **How is LPR Treated?**

Treatment for LPR should be individualized, and your doctor will suggest the best treatment for you. There are several treatments for LPR:

- Change lifestyle habits and diet to reduce reflux
- Medications to reduce stomach acid
- Surgery to prevent reflux

Most people with LPR need to modify how and when they eat, as well as, take medication to get well.

## **Tips for Reducing Reflux and LPR:**

Control your lifestyle and your diet!

- If you use tobacco, QUIT! Smoking may make you reflux.
- Don't wear clothing that is too tight, especially around the waist (trousers, girdles, belts, etc.)
- Do not lie down just after eating. Do not eat within three hours of bedtime.
- Avoid caffeine (especially coffee and tea), soda pop (especially cola), and mints, if they increase your symptoms.

## **Will I Need LPR Treatment Forever?**

Most patients with LPR require some treatment most of the time. Some people need medicine all of the time. Some people recover completely for months or years, and then may have a relapse.

For people with severe LPR, or people who cannot take reflux medicine, “*anti-reflux*” surgery (to create a new and better valve from the esophagus to the stomach) may be recommended. For people who have this surgery, many get good relief from LPR for many years.

## **What Kind of Problems can LPR Cause, and are They Serious?**

LPR can cause serious problems. LPR can cause noisy breathing, choking episodes, breathing problems (such as asthma or bronchitis), and in rare cases, cancer of the esophagus, throat, or voice box. (For cancer to develop as a result of LPR, the LPR must be very severe for many years.)

## **Can Children Get LPR?**

Yes. Throat, lung, and breathing problems in infants and children can be caused or worsened by LPR. LPR is more difficult to diagnose in children, so infants and children who may have LPR should be taken to specialists for pH-metry and other tests.