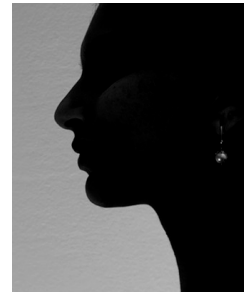


# MORNINGTON PENINSULA ENT

MR. NALAKA DE SILVA



## Laryngo-Pharyngeal Reflux Disease (LPR)

Your doctor has diagnosed you as having Laryngopharyngeal Reflux Disease or LPR. This condition develops when stomach acid travels up into your throat. Although you may experience "heartburn" or "indigestion", many of our patients do not have these complaints.

PENINSULA PRIVATE HOSPITAL  
Suite 4, 525 McClelland Drive,  
FRANKSTON 3199

**T** 97893636

**F** 97893096

### SYMPTOMS OF LPR

- sensation of drainage down the back of the throat or excessive mucus
- feeling of something caught in the throat (sometimes a tickling or burning sensation)
- throat clearing""
- chronic cough
- post-nasal drip
- sore throat
- hoarseness
- difficulty swallowing
- prolonged vocal warm-up (for singers)c
- loss of the high end of the vocal range

### DIAGNOSIS OF LPR

Most often, your doctor can diagnose LPR by examining your throat and vocal cords with a rigid or flexible telescope. The voice box is typically red, irritated, and swollen from acid reflux damage. This swelling and inflammation will eventually resolve with medical treatment, although it may take a few months.

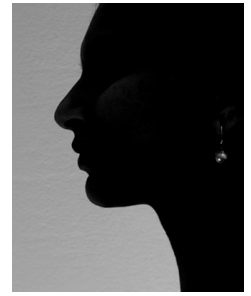
If no better or symptoms become worse you must inform the surgeon. You may have to undergo gastroscopy / a dual-channel pH probe test to diagnose your condition. This involves placing a small tube (catheter) through your nose and down into your swallowing passage (esophagus). The catheter is worn for a 24-hour period and measures the amount of acid that refluxes into your throat.

### TREATMENT OF LPR

Most of the time, LPR is well controlled lifestyle and with medications (Proton Pump Inhibitors, or PPI's), as described on the back of this sheet. Occasionally, surgery is needed in severe cases or those that don't resolve with medications. The recommended surgery is called a Laparoscopic Nissen Fundoplication, and is performed by a General Surgeon. Positive proof of reflux disease is needed first, generally by a pH probe study.

With some patients, the esophagus (swallowing tube) must also be examined for pre-malignant change





One of the first things you must do is make some changes in your lifestyle. Many foods and drinks can make your symptoms worse, and it is important that these be eliminated. In addition, being overweight, smoking, and drinking alcohol are all factors that worsen reflux disease. It is important to work on the following areas as well:

1) CUT OUT CAFFEINE/ No Fizzy Drinks

Specifically, avoid coffee (highest caffeine content), tea, and caffeinated soft drinks. Soft drinks such as Coke and Pepsi are particularly bad, because they are very acidic (pH of 2.3), and the carbonation leads to belching and further reflux of acid into the throat. Other acidic juices (orange, grapefruit, cranberry) can worsen reflux.

2) AVOID CHOCOLATE AND MINTS and Vegemite= Yeast= GAS

3) AVOID ALCOHOL - Especially in the late evening and before bedtime.

4) QUIT SMOKING

5) ELIMINATE FRIED, FATTY, AND SPICY FOODS FROM YOUR DIET (within reason)

A low-fat diet, reduced red meat diet is the best way to avoid reflux. Avoid processed meats, pastries, pies etc. Onions and garlic are notorious for causing reflux. Chillies make it worse. Develop a more vegetarian based balanced diet or Mediterranean style diet without excess meat.

6) STOP EATING AT LEAST 3 HOURS BEFORE GOING TO BED

Eating a heavy meal just before going to sleep is especially bad for your reflux condition. DO NOT over eat.

8) TAKE THE MEDICINES YOUR DOCTOR HAS PRESCRIBED FOR YOU

In most cases, your doctor will prescribe a "proton pump inhibitor" drug (PPI) such as Nexium, typically prescribed before a meal. Gaviscon is for after dinner. - Please see below for more details on your medication.

9) Probiotics: mix a teaspoon of probiotic powder with warm lightly salted warm water.

It may improve the flora and the health of you throat longer term. Gargle just before bed. You may gargle after other meals also, but do not swallow more than 2 a day.

9) LIFESTYLE

Some of the symptoms may also be due to spasm of a muscle called Cricopharyngeus. Meditation / relaxation will be an excellent adjunct to the treatment. Keeping a healthy weight by not overeating.

If any difficulty swallowing, progressive symptoms or no response, contact your doctor/ surgeon.

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