



Center for Voice Disorders of Wake Forest University

Patient Information Sheet On Reflux

Laryngopharyngeal Reflux (LPR) Can Cause:

- Hoarseness
- Trouble swallowing
- Too much throat mucus
- A "lump" in the throat
- Chronic cough
- Heartburn

What Is Reflux And What Is LPR?

The term **REFLUX** comes from a Greek word that means "backflow." It usually refers to "the back flow of stomach contents." Normally, once the things that we eat reach the stomach, digestion should begin without the contents of the stomach coming back up again, i.e., refluxing. Some people have reflux just into the esophagus (the swallowing tube that joins the throat to the stomach). If this happens frequently, a person may develop heartburn, (a painful, burning sensation in the chest). In some people, however, the backflow from the stomach goes all the way up to the throat. That is **LPR**.

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 hasn't eaten. Not everyone who has **LPR** will have heartburn.

Many People With LPR Don't Have Heartburn . . . Why is That?

Some people with **LPR** have a lot of heartburn, but usually, people who

have LPR don't have heartburn very often. In fact, half of the 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 refluxate comes all of 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, and cough, as well as a feeling of a lump in the throat or difficulty swallowing may be signs that you have LPR. Some people do have heartburn, too. Some people have hoarseness that comes and goes, and others have a problem with too much nose and throat drainage, that is, too much mucus or phlegm. If you have any of these symptoms, and especially if you smoke, you should ask your doctor about LPR. The specialist who most often treats people with LPR is the Otolaryngologist (Ear, Nose, and Throat Physician). If your doctor thinks that you could have LPR, he or she will probably perform a throat examination first and look at the voice box and the lower throat. If this area looks swollen and/or red, you may have LPR. At that point, your doctor may order some tests or recommend specific treatment.

What Tests Might My Doctor Order?

If your doctor orders tests, this is to be sure about your diagnosis, to make sure that you don't have any complications of LPR, 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. The barium swallow is an x-ray test in which you must swallow chalky material that can be seen on the x-rays. This test shows how you swallow and it shows if there is a narrowing or other abnormality of the throat or esophagus. It is a good test to evaluate the entire swallowing mechanism.

What Is It Like To Have pH-Metry?

pH-metry is a special test that takes about 24-hours to complete. People are not usually admitted to the hospital for this test. pH-metry is used to measure acid in your esophagus and throat. Some people say this test is annoying, but it is not painful.

To do this test, you will have a small, soft, flexible tube placed through your nose and down into your throat, where it will stay over night. The tube, called a "pH probe," is connected to a small computer (a box that you wear around your waist) that measures acid in your esophagus and in your throat. pH-metry is the best test for LPR, and it can help your doctor determine the best treatment for you.

How Is LPR Treated?

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

- (1) Changing habits and diet to reduce reflux;**
- (2) Medications to reduce stomach acid, and**
- (3) Surgery to prevent reflux.**

Most people with LPR need to modify how and when they eat, as well as take some medication, to get well. Sometimes, nonprescription liquid antacids, such as Maalox, Gelucil, and Mylanta are recommended. When used, these antacids should be taken four times each day – one tablespoon one hour after each meal and before bed time.

Your doctor also may give you a prescription. LPR is usually treated with medicines that reduce stomach acid, or a medication that can turn off stomach acid completely. These medicines are taken two to four times a day, usually before meals.

Will I Need LPR Treatment Forever?

Most patients with LPR require some treatment, most of the time, and some people need medicine all of the time. Some people recover completely for months or years, and then may have a relapse. In one way, having LPR is a little like having high blood pressure – with

treatment, LPR does not usually cause serious medical problems, but without treatment, LPR can be serious, even dangerous.

For people with severe LPR who cannot take reflux medicine, "anti-reflux" surgery (to restore a new and better stomach valve) may be recommended. Most of the people who have this surgery, get good relief from LPR for many years.

Tips For Reducing Reflux and LPR

Control your LIFE-STYLE and your DIET!

- If you use tobacco, **QUIT**. Smoking causes reflux. After every cigarette, you have some LPR.
- Don't wear clothing that is too tight, especially around the waist (trousers, corsets, belts).
- Do not lie down, just after eating . . . in fact, do not eat within three hours of bedtime.
- You should be on a low-fat diet.
 - Limit your intake of red meat.
 - Limit your intake of butter.
 - Avoid fried foods.
 - Avoid chocolate.
 - Avoid cheese.
 - Avoid eggs.
- Specifically avoid: Caffeine (especially coffee and tea), Soda pop (especially cola), and Mints.
- Avoid alcoholic beverages, particularly in the evening.

What Kind Of Problems Can LPR Cause, And Are They Serious?

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

Can Children Get LPR?

Yes, throat and lung breathing problems in infants and children can be caused or worsened by LPR. LPR is more difficult to diagnose in children, so that infants and children who may have LPR should be