

## Patient Information

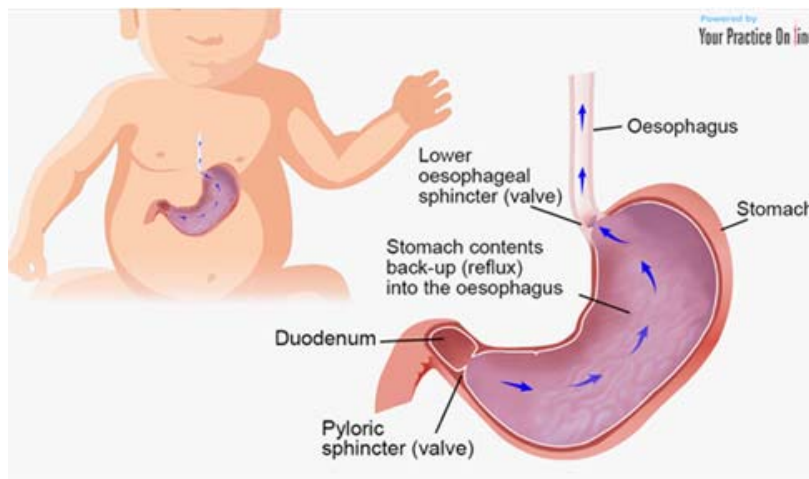
# Gastro-oesophageal Reflux Disease (GORD)

## What is Gastro-oesophageal Reflux Disease?

Reflux is a common condition in babies. Reflux occurs when partly digested food or milk in the stomach comes back up the food pipe (oesophagus) that links the mouth to the stomach. Sometimes the milk or food comes into the mouth. When food goes up into the oesophagus, it is mixed with acidic juices from the stomach. The acid can make the oesophagus sore and inflamed. This can be painful, causing discomfort to babies and they may become irritable during and after feeding times.

## Why does reflux happen?

A band of muscle at the bottom of the oesophagus opens to let food or milk enter the stomach and then closes so that food stays in the stomach. Sometimes, this muscle is weak and may not close properly so food can come back into the food pipe and into the mouth. This is called reflux. Reflux doesn't usually cause problems and most children grow out of it. When reflux does cause problems it is often called gastro-oesophageal reflux disease or GORD. The symptoms of GORD can range from mild to severe.



## What are the symptoms of reflux?

The most common symptom of reflux is bringing food or milk up the oesophagus into the mouth. This isn't usually a problem unless a large amount of most feeds comes back up.

Babies with reflux may get other symptoms that might need treatment. These include:-

- Failing to gain weight
- Pain and discomfort
- Crying and irritability
- Arching their back when feeding
- Refusing to feed
- Taking only small amounts of feed
- Choking or gagging
- Wheezing or chest infections

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Older children may have different reflux symptoms. These can include heartburn (pain from acid in the oesophagus), difficulty swallowing and an unpleasant, watery fluid coming into the mouth.

### What tests are used to diagnose reflux?

The doctor will examine your child and take a medical history. Further testing may include:

- A pH study – a thin, flexible tube is passed through the nose into the oesophagus to measure the amount of acid in the oesophagus
- A special x-ray to look at the stomach and assess how well your baby/child swallows

### How is reflux treated and what are the benefits?

Not all children and babies need treatment for reflux. Mild reflux in children often improves on its own. Babies usually get better when they are weaned onto solids. If children/babies are not growing properly or have other symptoms then treatment may be necessary.

To help mild symptoms:

- Avoid over feeding. Giving babies smaller, more frequent feeds will help to reduce reflux.
- Avoid exposing babies and children to cigarette smoke. Smoke can irritate the digestive system and make symptoms worse.
- Change babies nappy before feeding. This reduces the baby's movement, making vomiting less likely.
- Try burping your baby more frequently during a feed. This will help to release air from the stomach.
- Keeping your baby calm and upright such as on your shoulder (not in a baby chair) for 20 to 30 minutes after a feed may reduce the episodes of reflux.
- Some people recommend raising the head of your child's bed or cot, however there is little evidence to show that this helps reflux.
- Giving your baby thickened feeds helps to reduce reflux. They work by making the feed more solid and your baby is less likely to bring it back up. Some ready-thickened feeds are available but talk to your doctor before using them.
- Like all babies, those with GORD should be placed on their backs to sleep. Babies should never be placed on their stomach or side.

### What medicines are used to treat reflux and how do they work?

Sometimes medication is used to treat reflux.

Mild reflux is treated with Gaviscon.

**Gaviscon** is a medication that contains sodium alginate. It is used to treat mild symptoms of GORD. It works by forming a gel that floats on the surface of the stomach contents which helps to stop acid and food/milk going back into the oesophagus. Gaviscon is mixed with the baby's feed or dissolved in water and given after a feed or meal. Gaviscon should not be given to premature babies or children who are ill with a high temperature, diarrhoea or vomiting. If your baby is having thickened feeds, gaviscon should not be used.

If symptoms don't improve, other medicines may be used. These include:-

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**Omeprazole** is a proton-pump inhibitor (PPI). This works by reducing (inhibiting) the amount of acid that is produced by the stomach.

**Ranitidine (Zantac)** Is an H<sub>2</sub>-receptor antagonist. This also reduces acid in the stomach by blocking the effects of a chemical that produces stomach acid. This can be used with omeprazole or as an alternative.

**Domperidone** is used to tighten the muscle at the end of the oesophagus where it joins the stomach. It also speeds up the flow of food/milk from the stomach into the intestines. Sometimes domperidone can cause diarrhoea.

Medicines should only be taken if prescribed by your doctor or paediatrician.

**If medicines are prescribed, your child will need to be reassessed regularly by your doctor or paediatrician.**

**Contact the patient medicines helpline (see below) if you have any questions about medicines prescribed for your child.**

### What are the potential risks and side effects of medication?

The way some medicines work may be affected by Antacids because they can reduce absorption. Speak to your Doctor or Pharmacist for advice if your baby is being given any other medicines.

Some Antacids can contain high levels of salts (known as electrolytes), these can affect babies with renal/kidney or liver problems. Speak to your Doctor or Pharmacist for advice if your baby has renal/kidney or liver problems.

Occasionally ranitidine can cause diarrhoea.

Occasionally omeprazole can cause vomiting, nausea, abdominal pain, diarrhoea, constipation and flatulence.

### Further information

Sometimes babies with GORD have an intolerance to cow's milk protein. Cow's milk protein is present in baby formula milk and breast milk. This is treated by giving bottle fed babies a milk free formula feed. Breast fed babies are treated by removing cow's milk protein from their mother's diet.

If your child has severe problems with reflux and other treatments haven't helped, your doctor may suggest surgery. This is done to strengthen the valve between the child's oesophagus and stomach. Further details of this procedure (if needed) will be given by your doctor.

### Consent

**Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.**

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### Sources of information

BMJ Group. 2009. Reflux in children - [www.dr-hyer.co.uk/resources/GORD+handout.pdf](http://www.dr-hyer.co.uk/resources/GORD+handout.pdf)

NHS Choices. 2010. Heartburn and gastro-oesophageal reflux disease.  
[www.nhs.uk/conditions/Gastroesophageal-reflux-disease/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Gastroesophageal-reflux-disease/Pages/Introduction.aspx)

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[www.uptodate.com/contents/gastroesophageal-reflux-in-infants?source=search\\_result&search=gastroesophageal+reflux+in+infants&selectedTitle=1%7E150](http://www.uptodate.com/contents/gastroesophageal-reflux-in-infants?source=search_result&search=gastroesophageal+reflux+in+infants&selectedTitle=1%7E150)

Bliss. 2010. Gastro-oesophageal Reflux.  
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BNFC. 2010. BNF for children. London. BMJ Group.

### Useful contact numbers

- Conquest Hospital – Tel: (01424) 755255
- Kipling ward – Tel: (01424) 758039
- Paediatric Community Nurse – (01424) 758504
- Trust medicine helpline – Tel: (01424) 757067 or (01323) 413785

### Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

### Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

### Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

### Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

#### Conquest Hospital

Email: [palsh@esht.nhs.uk](mailto:palsh@esht.nhs.uk) - Telephone: **01424 758090**

#### Eastbourne District General Hospital

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Email: **palse@esht.nhs.uk** - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

Written by: Sarah Hoad – Nursery Nurse (Foundation Degree Student)

The following clinicians have been consulted and agreed this patient information:

Sister Caroline Stephenson – Kipling Ward Manager

Dr. M. Nasar – Paediatric Consultant

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Review date: June 2014

Responsible clinician: Sister Caroline Stephenson