

# **Silent Reflux**

**Patient Information** 

The aim of this leaflet is to provide you with information regarding the cause and treatment of laryngopharyngeal reflux (also called silent reflux).



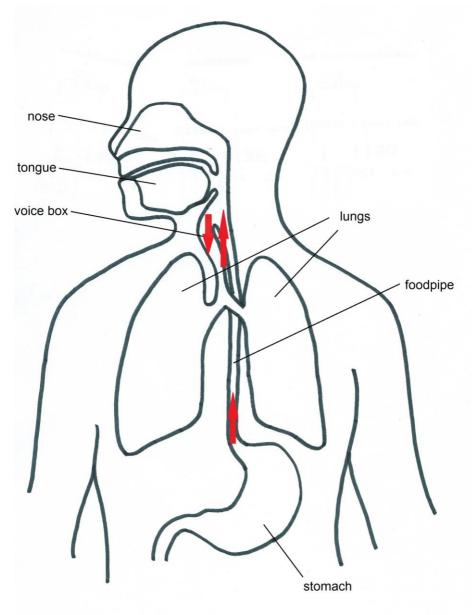


diagram not to scale



#### What is reflux?

When we eat, food passes down our throat and food pipe (oesophagus), into the stomach. The stomach contains acid and other chemicals, which help to digest our food.

There is a muscle at the top of our stomach that relaxes, to allow food into our stomach. This usually tightens up again, to stop food and stomach contents leaking back up into our food pipe.

Silent reflux occurs when acidic stomach contents backflow into the food pipe (oesophagus), throat, voice box (larynx) or respiratory tract, which include the windpipe, lungs, mouth and nose (see diagram 1).

#### Effects of Silent Reflux

If acidic stomach contents leak back up into your food pipe and reach your throat, it can irritate your throat, voice box, the back of your mouth and nose. The structures in these areas are sensitive to acidic stomach contents and can be damaged by this.

### Symptoms of Silent Reflux

### You may experience the following symptoms:

- Hoarseness / problems with your voice
- Throat clearing
- Too much mucous / phlegm in the throat
- Difficulty swallowing
- A feeling of a lump or something 'stuck' in the throat
- Irritable cough
- Choking episodes, mostly at night
- Breathing difficulties
- Sore throats
- Burning /dryness in the throat



Heartburn and indigestion can also occur, although this is less common with silent reflux.

## What can I do to reduce reflux?

Making changes to your diet and lifestyle can reduce the symptoms of reflux.

## Food and drink:

- Avoid high fat foods, i.e. fried foods, chocolate, cheese, pastry
- Avoid or reduce caffeine intake. Decaffeinated options are preferable.
- Avoid or reduce citrus juice, fizzy or highly acidic drinks.
- Avoid or reduce alcohol intake, particularly spirits and white wine.
- It can be helpful to chew gum containing bicarbonate of soda, i.e. tooth whitening gum.

### Health issues:

- Stop smoking, as this can cause symptoms of reflux. The chemicals in cigarettes relax the band at the top of your stomach which increases the likelihood of reflux. Ask about local smoking cessation support.
- If you are overweight, this can put extra pressure on the stomach and encourage reflux. Try to lose some weight.
- Extreme physical exercise can increase symptoms of reflux.
- Avoid wearing clothes that are too tight, especially around the waist.
- Do not lie down or go to bed immediately after eating. Aim to leave at least 3 hours between eating and going to bed. Try to raise the head of your bed.
- Avoid bending from the waist as this puts extra pressure on your stomach. Bend from the knees.
- Avoid lifting heavy objects.
- Some medicines can increase symptoms of reflux. Speak to your GP if you suspect this.



# How is Silent Reflux treated?

The doctor will discuss the best treatment options for you.

These may include: Changing diet and lifestyle (see above information). Medication Surgery

#### **Medication**

Acid, and an enzyme in your stomach called pepsin, can cause damage to your oesophagus, throat, voice box and respiratory tract, if reflux occurs. You may require more than one medicine to treat this.

These may include:

Proton Pump Inhibitors (acid blocking medication):

These help to reduce the amount of acid the stomach makes. Each dose should be taken 12 hours apart and should be taken half an hour before meals. These should be taken consistently and as prescribed by you GP / Consultant. They may take several months to work.

Alginates (reflux suppressant / anti-pepsin treatment):

Alginates, i.e. Gaviscon Advance, form a protective barrier on top of your stomach contents and prevent acid from leaking into the oesophagus or further up into the throat. You may be asked to take this after meals and before bedtime. However, your doctor will advise you regarding use.

Please discuss any queries regarding medications with your doctor or pharmacist.



# **Surgery (Fundoplication)**

Surgery is occasionally carried out where treatment with medication is not working. The aim of surgery is to repair the leaky valve between the stomach and oesophagus, which leads to reflux. This makes it less likely for stomach contents to backflow into the oesophagus.

# Speech and Language Therapy

If you continue to experience voice problems, following the use of medications, you may be referred to the speech and language therapy department.

The speech and language therapist will discuss the factors that may be causing your voice problem. They will offer advice, and if appropriate, a programme of therapy, to reduce or resolve the problem.