

Reflux (GERD & LPR)

There are two types of acid reflux problems. The first is called gastroesophageal reflux disease (GERD), and it is a problem with the lower control valve of the esophagus (the lower esophageal sphincter). The second type of acid reflux is Laryngopharyngeal Reflux (LPR). LPR is a problem with the upper control valve of the esophagus (the upper esophageal sphincter).

While the symptoms of GERD are generally fairly well known (heart burn, indigestion, and problems at night); the symptoms of LPR (a lump in the back of the throat, hoarseness, throat clearing, or increase mucus) are quite often attributed to other things, such as allergies or a cold.

In addition to the above symptoms the acid can cause cancerous changes to the lower portion of the esophagus. My grandfather died of this type of cancer, and I am very big on screening for it. I use an in the office screening tool called a Trans-Nasal Esophagoscopy (TNE). This is very similar to the upper GI evaluations which are done in the hospital. The benefit is that you are awake the whole time, and do not need any sedation. A little numbing medicine and most people are able to tolerate it without any difficulty. The big benefit is that it takes less than 30 minutes, and you can drive yourself to and from the exam, you don't have to miss a full day from work.

Why do you treat acid reflux & do a TNE: In addition to the many symptoms acid reflux can cause cancer. The TNE looks for this cancer change.

How do you do a TNE: The nose and throat is numbed up with some spray and numbing gel. The scope is then passed through the nose and into your esophagus. Air is blown into the esophagus (so you will likely belch) and then entire length of the esophagus and into the stomach is evaluated. I am not doing biopsies at this time, but it is something I may do in the future.

What are the risks of a TNE: As you are awake the whole time the risks are reduced, but damage to the esophagus (food pipe) is always a risk.

Important post-op instructions: You will not be allowed to eat for 4 hours before, and 2 hours after the procedure. This is because food in the stomach will make it difficult to see everything, and the numbing can make it easy to have food or water enter the lungs without you feeling it.

Long term ramifications: It will need to be repeated every 5-10 years depending on what I found. If cancer or precancerous areas are found an upper GI, including biopsy, will likely be needed. Remember this is a test used to look for cancer.

How long does surgery last: Only about 2 minutes, depending on difficulty getting it passed into the esophagus.

