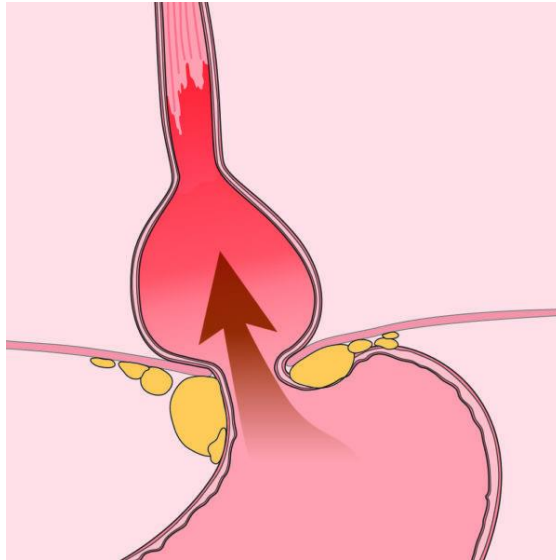


Acid Reflux

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Acid Reflux (Gastroesophageal Reflux Disease)

- Occurs when stomach acid or food in the stomach backs up into the esophagus
- Acid reflux can sometimes give the sensation of heartburn or burning in the chest



Acid Reflux

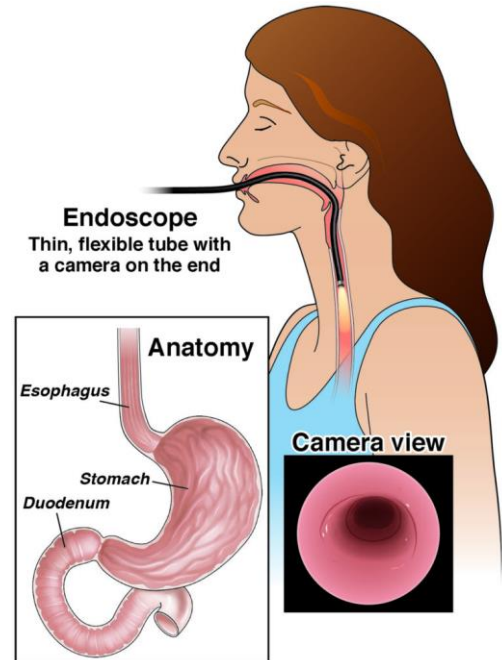
- **Common Symptoms**
 - **Burning of the chest**
 - **Bitter taste in the back of the mouth**
 - **Cough**
 - **Nausea**
- **Symptoms that may warrant further tests**
 - **Difficulty swallowing**
 - **Painful swallowing**
 - **Unintentional weight loss**

Causes of Acid Reflux

- **Smoking**
- **Alcohol**
- **Obesity**
- **Diet**
 - **Fried or fatty foods**
 - **Chocolate**
 - **Peppermint**
 - **Alcohol**
 - **Coffee (including decaf)**
 - **Carbonated drinks**
 - **Vinegar**
 - **Tomato sauce**
 - **Citrus fruits or juices**

Tests for Acid Reflux

- Upper Endoscopy - direct visualization of the esophagus, stomach and small intestine - can evaluate for inflammation or precancerous changes
- Other tests are also available in special situations to evaluate for acid reflux
- There is no single test to diagnose acid reflux



Treatment- Lifestyle Modifications

- Do not eat or drink items that give you heartburn
- Be careful taking aspirin, anti-inflammatory and pain medications such as Ibuprofen, Motrin, Aleve
- Eat smaller portions of food during meals
- Stop eating two to three hours before lying down to sleep
- Raise the head of the bed four to six inches
- Weight loss
- Try to avoid wearing tight clothing - pressure on your abdomen can make reflux worse.
- Cut out alcohol and tobacco

Treatment - Medications

- **Antacids - Tums, Maalox, Gaviscon**
- **Acid Suppression - Famotidine (Pepcid), Omeprazole (Prilosec), Protonix (Pantoprazole), Esomeprazole (Nexium)**
 - **Potential risks may include kidney injury, infection, osteoporosis related fracture, vitamin deficiencies**
 - **Risks, benefits and alternatives to these medications should be discussed with your doctor**
- **If no improvement in symptoms with the above medications, further testing may be needed**

Constipation

- **Constipation is when you have infrequent or hard-to-pass bowel movements with staining, have hard stools, or feel like your bowel movements are incomplete**
- **Infrequent generally means less than three bowel movements a week but can vary by individual**
- **Each person has a different “normal” bowel function**
- **It is not uncommon to experience occasional constipation depending on your diet and activity**

Constipation

- **Common causes of constipation**
 - **Diet - not eating enough fiber, fruits, vegetables, whole grains**
 - **Inactivity**
 - **Medications side effects - opioids, iron**
 - **Pelvic floor dysfunction - muscles of the pelvis don't relax as they should**

Constipation

- **When to see your doctor?**
 - **Sudden change in bowel habits**
 - **Blood in your stool**
 - **Anemia or low hemoglobin (low blood counts)**
 - **Unintentional weight loss**
 - **Change in the shape of your stool**

Constipation

- **Treating Constipation**

- **Increase dietary fiber - grains, fruits, beans, vegetables. Recommend 25-30 gm/day**
- **Drink plenty of fluids (especially water)**
- **Exercise regularly**
- **Don't ignore the urge to have a bowel movement**

Constipation

- **Over the counter treatment options**
 - **Fiber supplements - Psyllium, Metamucil, Citrucel**
 - **Laxatives - Miralax, Senna, Dulcolax**
 - **Stool softeners - Colace**



Constipation

- **If over the counter treatments do not improve constipation, there are prescription options**
- **Important to treat constipation to avoid potential complications**
 - **Hemorrhoids - swollen blood vessels**
 - **Fissure - tear in the skin near the rectum**
 - **Impaction or blockage of stool**
- **Testing for constipation is individualized based on symptoms and response to treatment**

Colon Cancer Screening Options

- **Stool-based tests**
 - **Cologuard**
 - Tests for blood and abnormal DNA in the stool
 - Repeat every 3 years if negative
 - **FIT**
 - Tests for blood in the stool
 - Repeat annually if negative
- **A colonoscopy is needed if either of these tests are positive**
- **Stool-based tests are less effective than colonoscopy to detect polyps**
- **False positive results rate increase with age**
- **Stool-based tests may not be appropriate for everyone**



What is Colorectal Cancer?

- **Colorectal cancer (also known as colon cancer) is cancer of the colon and/or rectum**
- **Most colorectal cancers come from precancerous polyps**
- **A polyp is a growth on the wall of the colon or rectum. Polyps grow slowly over many years.**
- **Only a small percentage of polyps will turn into colon cancer**
- **Third most common cancer, but one of the most preventable cancers**
- **More than 150,000 cases annually**

Colon Cancer Symptoms

- **Early colon cancer may not lead to symptoms which is why routine testing is important**

- **Potential symptoms of colon cancer:**
 - **Blood in your stool (bright red or black stools)**
 - **Change in your bowel movements, especially in the shape of the stool**
 - **Unintentional weight loss**
 - **Low blood counts (anemia)**

Colon Cancer Screening

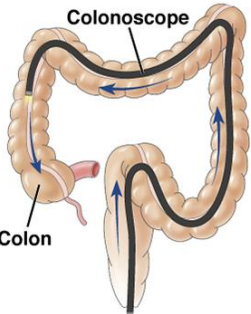
- **Who should undergo colon cancer screening?**
 - All adults over the age of 45 (or sooner depending on your family history)
 - The decision to continue screening in adults over the age of 75 is individualized

- **Why undergo colon cancer screening?**
 - Removing polyps during a colonoscopy reduces the risk of developing colon cancer

Colon Cancer Screening Options

Colonoscopy

Imaging of entire colon




Colonoscope

Colon

Detailed description: This diagram illustrates a colonoscopy. A long, flexible tube called a colonoscope is inserted into the rectum and moved through the entire length of the colon. The tube has a light at the tip to illuminate the interior and a camera to capture images. Arrows indicate the direction of the procedure.

Stool tests

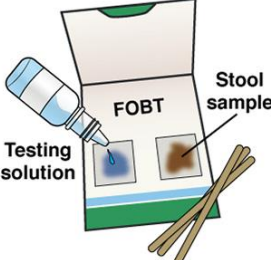
Fecal immunochemical test (FIT)



Stool sample

Testing device

Fecal occult blood test (FOBT)

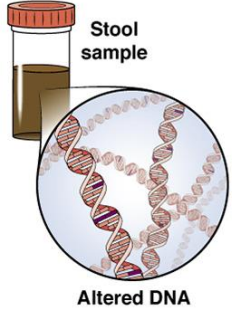


Stool sample

Testing solution

Detailed description: This section shows two types of stool tests. On the left, a FIT test is shown with a blue testing device and a stool sample. On the right, a FOBT test is shown with a testing kit containing testing solution and a stool sample.

Stool DNA test



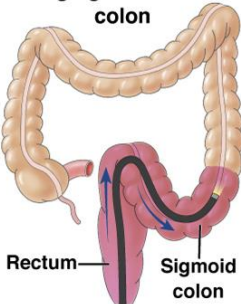
Stool sample

Altered DNA

Detailed description: This diagram shows a stool sample in a container. A magnified view of the DNA is shown, with some strands highlighted in red to indicate altered DNA.

Flexible sigmoidoscopy

Imaging of the lower colon




Rectum

Sigmoid colon

Detailed description: This diagram shows a flexible sigmoidoscopy procedure. A shorter, flexible tube is inserted into the rectum and sigmoid colon to image the lower part of the colon.

CT colonography

CT machine

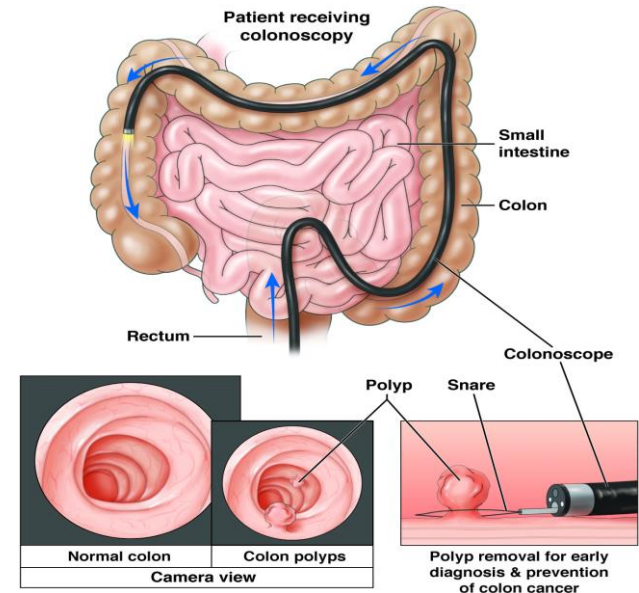


Detailed description: This diagram shows a CT machine used for colonography. A patient is lying on a table that is moved into the CT scanner to capture images of the colon.

Colon Cancer Screening Options

- **Colonoscopy**

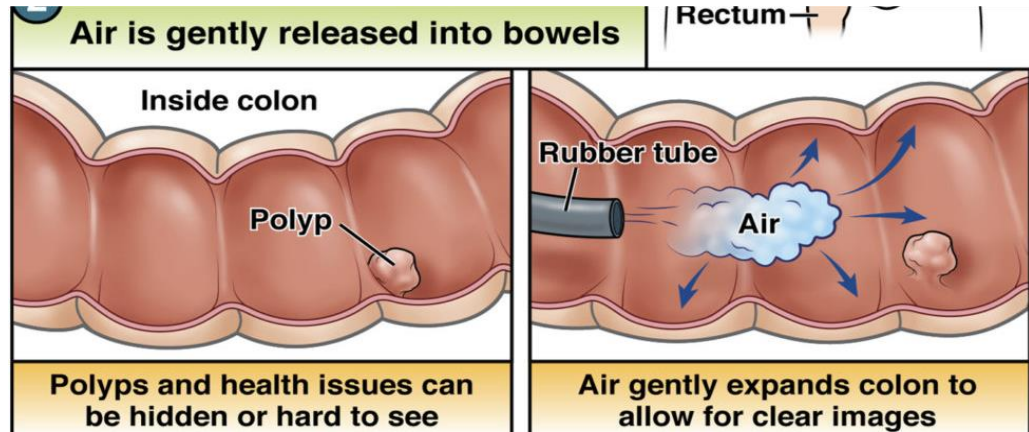
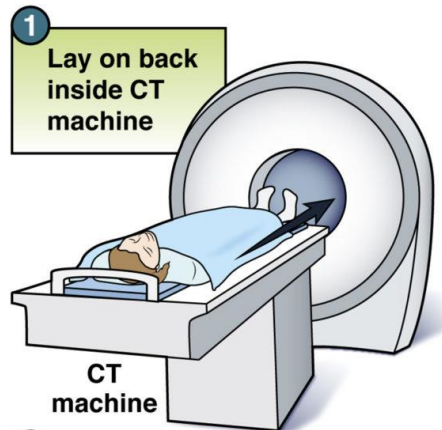
- Procedure that allows direct visualization of the colon
- Ability to identify and remove polyps in real time to lower the risk of developing colon cancer
- Repeat colonoscopy every 10 years if the exam is normal
- Procedure does require a bowel preparation



Colon Cancer Screening Options

- **CT Colonography**

- CT scan of the colon
- Requires a bowel preparation
- If the test is abnormal, patient will require a follow up colonoscopy
- Repeat every 5 years if normal



Summary

- **Everyone over the age of 45 should undergo colon cancer screening**
- **Screening beyond the age of 75 should be individualized**
- **Multiple options are available for colon cancer screening**
- **Any test for screening is better than no test**
- **See a gastroenterologist if you develop any bleeding, changes in bowel habits, unintentional weight loss or any other concerning symptoms**

Questions?