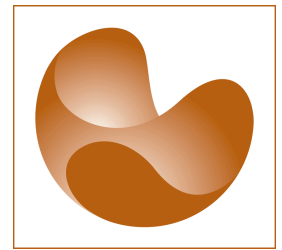


# LARYNGOPHARYNGEAL REFLUX INFORMATION SHEET



The symptoms listed below may be associated with Laryngopharyngeal Reflux.

- \* Hoarse voice
- \* Thick or excessive mucous
- \* Chronic throat irritation or clearing
- \* Heartburn
- \* Persistent cough
- \* Cough that wakes you from your sleep

## What is Laryngopharyngeal Reflux (LPR)?

Acid is normally produced in the stomach. It is prevented from backing up or refluxing into your oesophagus (or food pipe) and throat by a band of muscle at the entrance of the stomach known as the lower esophageal sphincter. If this band of muscle is not functioning well, you can have a backflow of acid into your oesophagus and into your throat and voice box, this is called laryngopharyngeal reflux (LPR).

## But I Don't Have heartburn?

Many people with LPR do not have symptoms of heartburn. Compared to the oesophagus, the voice box and the back of the throat are significantly more sensitive to the affects of the acid on the surrounding tissues. Acid that passes quickly through the food pipe does not have a chance to irritate the area for too long. However, acid that pools in the throat and voice box will cause prolonged irritation resulting in the symptoms of LPR.

## What are the symptoms?

The symptoms of laryngopharyngeal reflux can consist of a dry cough often at night, chronic throat clearing, chronic throat irritation and a sensation of something being stuck in the throat. Some people will also complain of heartburn, while others may have intermittent hoarseness or loss of voice. Another major symptom of LPR is "postnasal drip". The patients often have been told that their symptoms are abnormal nasal drainage or infections, however, this is rarely the cause of the irritation. In order for the "postnasal drip" to cause the complaints described, signs and symptoms of active nasal infection has to be present.

## What Treatment Will the Doctor Recommend?

Medical treatments for LPR:

- \* Do not smoke. Smoking will cause reflux.
- \* Avoid tight fitting clothes around the waist.
- \* Avoid eating three hours prior to bedtime. In fact, avoid eating a large meal at night.
- \* Weight loss. For patients with recent weight gain, shedding a few kilograms is often all that is required to prevent reflux.
- \* Foods to avoid: caffeine, cola beverages, carbonated drinks, citrus beverages, mints, alcoholic beverages, cheese, fried foods, eggs, chocolate. spicy foods and tomatoes.



ADAM.

- \* For patients with more severe symptoms, it is helpful to sleep with the head of the bed elevated by 15cm.
- \* Medications to reduce stomach acid or to promote normal stomach contraction including Somac, Pariet or Nexium.

Surgical Treatment for LPR:

Surgery to prevent reflux is rarely recommended. The procedure is called a Laparoscopic Nissen Fundoplication, and during the surgery the lower oesophageal sphincter is tightened to prevent reflux. If your symptoms do not settle with the treatment offered by your ENT surgeon then they may recommend you see an Upper GI Surgeon for an opinion on whether you are a candidate for this operation.

## How Long Do I Need Medication?

Most patients will begin to notice some relief in their symptoms in about two weeks. However, it is generally recommended that the medication be continued for three months. If the symptoms completely resolve, the medication can then begin to be tapered and the diet returned to normal.

Adapted from the Patient Discussion Booklet  
American Academy of Otolaryngology Head & Neck Surgery  
Reprinted by Permission.