

Is your heartburn a sign of GERD?

Hernia and colorectal surgeon Leong Quor Meng explains the causes of the condition and how patients can manage symptoms and prevent complications

If you often experience a burning sensation in your chest or an acidic taste in your mouth after eating, you might want to check for gastroesophageal reflux disease (GERD).

GERD is a chronic condition where stomach acid frequently flows back into the oesophagus, resulting in symptoms such as heartburn. This happens because the muscle at the bottom of the oesophagus – the lower oesophageal sphincter (LOS) – is not closing properly.

Without proper management, GERD symptoms can worsen over time and lead to complications such as oesophageal ulcers, strictures (narrowing of the oesophagus), a precancerous condition known as Barrett's oesophagus, and in rare cases, oesophageal cancer.

Dr Leong Quor Meng, hernia and colorectal surgeon at Mount Alvernia Hospital, explains the likely causes of GERD, how to check for and manage the condition.

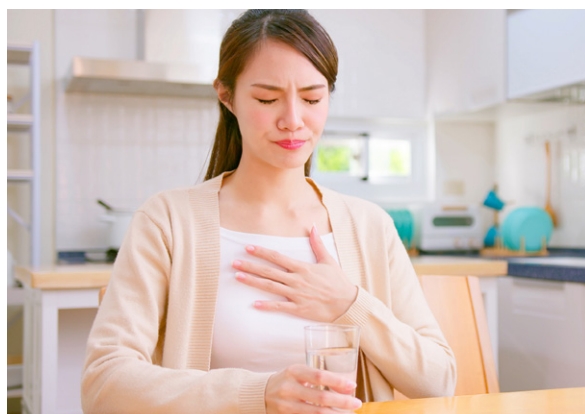
Q What causes GERD and who is most at risk for it?

GERD can be caused by various factors. Weakness of the LOS is one of them. A healthy LOS closes well after food passes into the stomach, preventing stomach acid from flowing back up into the oesophagus. If the LOS is weak or relaxes too often, acid reflux can occur, bringing about GERD.

Hiatal hernia is another possible reason. This happens when part of the stomach pushes up through the diaphragm into the chest cavity, weakening the LOS and increasing the risk of reflux.

Poor lifestyle choices may also cause GERD. Those who smoke frequently, consume spicy or fatty food, caffeine and alcohol, can trigger symptoms within their bodies that will give rise to the condition.

Pregnant and obese individuals are also at risk. This is because excess abdominal fat or a growing uterus can put extra pressure on the abdomen, pushing stomach acid up into the oesophagus.



Those who consume spicy or fatty food, caffeine and alcohol, as well as smoke nicotine cigarettes frequently are at higher risk for gastroesophageal reflux disease (GERD). PHOTO: GETTY IMAGES

Q How do I know if I have GERD and what are some tests that the doctor will run?

There are two main ways to check for GERD: assessing clinical symptoms and running diagnostic tests.

Symptoms such as heartburn, regurgitation, chest pain, difficulty swallowing or chronic cough are common indicators of GERD.

An upper endoscopy can also be useful in diagnosing GERD. This involves passing a thin, flexible tube with a camera down your throat to examine the oesophagus and stomach, checking for inflammation or other abnormalities in the oesophageal lining.

To check if your sphincter is functioning well, an Oesophageal Manometry – a test that measures the strength and coordination of the muscles in your oesophagus, including the LOS – can be conducted. Understanding the condition of your sphincter will also help doctors determine if your symptoms are related to GERD.

Q What are some triggers for GERD and how can I manage a flare-up?

Avoid trigger foods, eat smaller meals, avoid lying down immediately after eating and elevate your head while sleeping. Smokers may also consider quitting the habit as nicotine relaxes the LOS.

With lifestyle modifications, dietary changes, medications and, in some cases, surgery, many people with GERD can effectively manage their symptoms and prevent complications.



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