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General, Thoracic
 Vascular, Cancer
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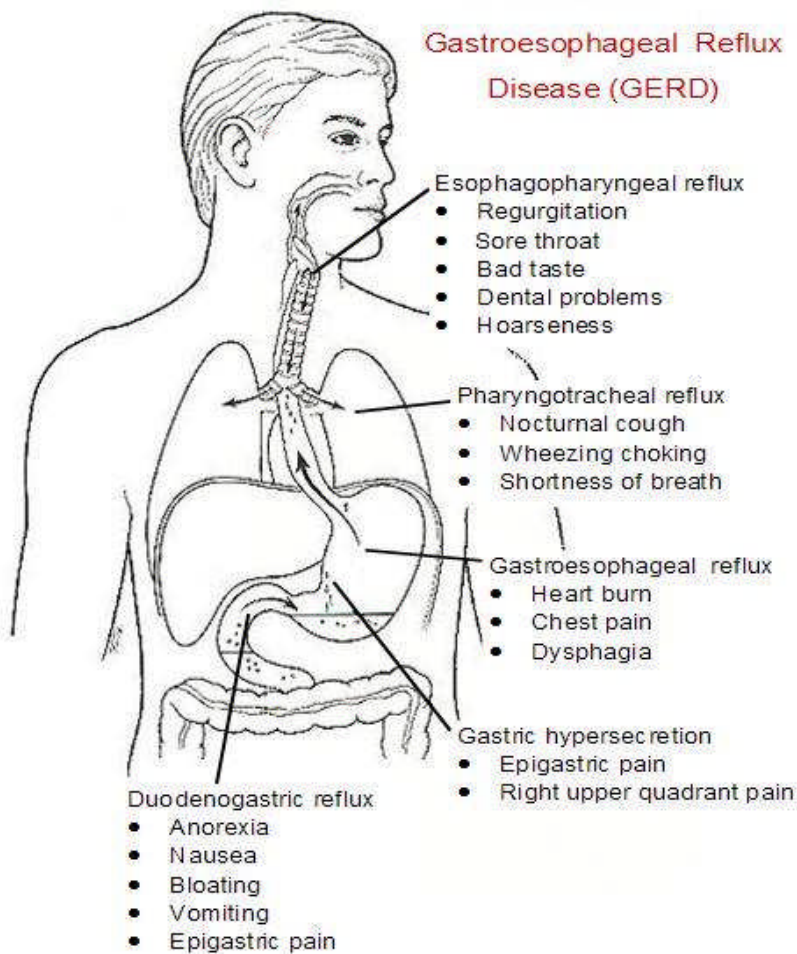
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Gastroesophageal Reflux Disease

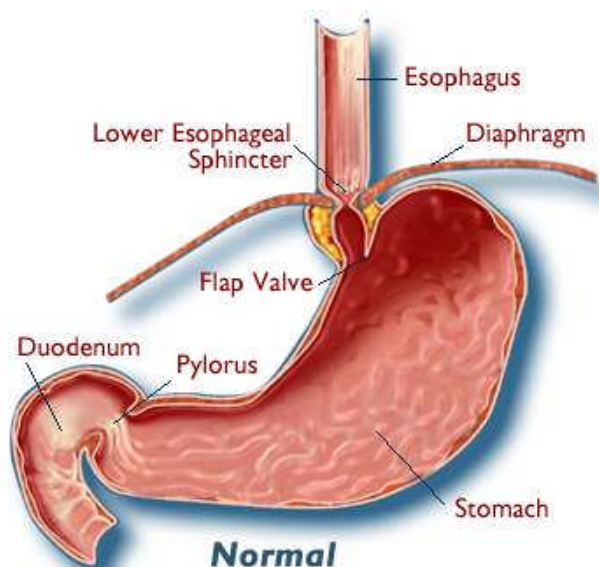
Approximately 40% of the adult population has heartburn, resulting from reflux of stomach contents into the esophagus. The medical term for this condition is Gastroesophageal Reflux Disease or GERD. As shown below, a variety of symptoms and conditions are associated with GERD, the most common being heartburn.



Classic symptoms of reflux include a burning sensation below the breastbone (heartburn), a sour taste in the back of the mouth, and regurgitation of fluid into the throat or mouth. Though symptoms can occur any time of day or night, they will frequently occur after meals or when lying flat. Atypical symptoms include cough, hoarseness, asthma and nausea.

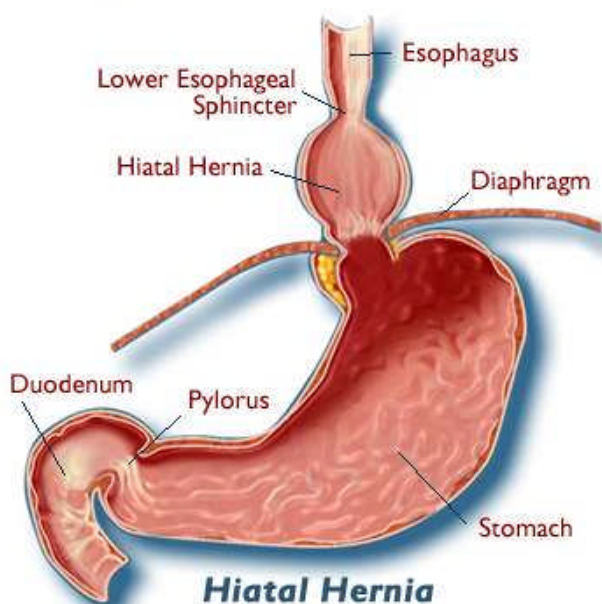
Ten percent of the population experience symptoms on a daily basis. Fortunately, with medical supervision, most patients with frequent heartburn respond to medical therapy; however, most relapse if not kept on continuous antacid therapy. Indeed, at least \$10 billion is spent annually on prescription drugs for heartburn and dyspepsia. Almost 50% of

those on chronic medical therapy will experience breakthrough symptoms over the long term, requiring higher doses or stronger medicines. In those who fail medical therapy or have serious complications, surgery provides the mainstay of therapy. Long term complications of chronic reflux include bleeding, ulceration, and narrowing of the esophagus due to scarring. Rarely chronic reflux leads to pre cancerous changes in the esophagus (**Barrett's esophagus**), and very rarely causes cancer. Many patients seek surgical treatment of their reflux to avoid having to take medication for the rest of their lives, and avoid the concomitant costs and side effects of these drugs.



Many patients with GERD also have a **hiatal hernia**. This simply means a portion of the stomach has moved up into the chest cavity. It results from a weakening of the muscular diaphragm, and tends to make GERD symptoms more difficult to treat.

Most patients with long standing reflux have undergone various tests to evaluate their reflux and rule out its associated complications. Such tests include endoscopy, upper GI series, 24 hour acid testing, and esophageal manometry. Patients frequently have consulted with a medical gastrointestinal specialist (gastroenterologist) for optimal treatment of their symptoms.



When a surgical consultation is recommended, the surgeon should be experienced in diseases of the esophagus, and have extensive experience in laparoscopic (minimally invasive) surgical techniques for treating reflux disease and its complications.

At Rose Medical Center, Rocky Mountain Surgical Associates, in association with a large group of gastroenterologists, have created a Center for Treatment of Esophageal Diseases, with a team dedicated to diagnose and treat all aspects of reflux and other esophageal conditions.

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