

Patient information

Laryngopharyngeal Reflux (LPR)

Ear Nose and Throat Speciality

You have been diagnosed with laryngopharyngeal reflux (LPR), otherwise known as extra-oesophageal reflux (EOR) or silent reflux. Reflux is the regurgitation of stomach contents back into your gullet (oesophagus).

Reflux itself is made up of a number of components, one of these is stomach acid, but there is also pepsin (which helps digest protein in your diet), bile acids enzymes from your pancreas gland and food and drink. All of these can potentially cause damage to your gullet, throat and voice box.

Typical gastro-oesophageal reflux (GOR) (reflux into the lower gullet) often causes the classical heartburn symptoms, but by the time the reflux reaches the back of your throat and voice box most of the acid has gone. This means that heartburn is not very common in people with LPR.

The symptoms of LPR are:

- Hoarseness.
- Difficulty swallowing (especially tablets or small pieces of food).
- Too much mucus/phlegm in your throat.
- A feeling of a lump in your throat (globus pharyngeus).
- A dry/tickly/irritating cough.
- Throat clearing.
- A sore or dry throat.
- Night time choking episodes.

How is LPR treated?

There are various treatments available and these are tailored to each individual patient.

Broadly speaking the treatments are:

- Self-help.
- Medical treatment.
- Surgical treatment.

Self help

There are a number of things you can do to help reduce the amount and frequency of the reflux.

- Stop smoking. Tobacco smoke causes reflux. For help stopping smoking please contact **Smoke free Liverpool Tel: 0800 061 4212.**
- Make sure you take your anti-reflux and anti-acid medication exactly as prescribed. Failing to take the medicines even for one day can result in further damage to your throat and voice box.
- Avoid caffeine, alcohol, spicy foods and fatty foods (such as cheese, chocolates, fried foods and pastries) as these all increase reflux.
- Avoid fizzy drinks especially cola and citrus fruit drinks. One glass of cola contains more acid than your stomach produces in one day.
- Don't wear clothing that is too tight around your waist as this increases pressure on your stomach and increases reflux.
- Don't eat within three hours of bedtime. Do not lie down just after eating.
- Raise the head of your bed by three inches. Do this by putting some thick books or house bricks under the legs at the head of your bed. This helps to keep the stomach contents in the stomach by gravity.
- If you are overweight this will make reflux worse. Your family doctor (GP) can put you in touch with a dietician if needed.
- Chewing "teeth whitening" chewing gum will help as this contains bicarbonate of soda which will help to neutralise the acid.

Medical treatment (See also the last page)

Recent evidence in people with only LPR that anti acid medications plus anti reflux medications do not offer any advantage over anti reflux medications on their own. If you do have GOR in addition to LPR you will still need to take anti acids as well as anti reflux medications

Gaviscon Advance is the only proven anti reflux medication currently available in the UK. This medicine has anti acid properties as well as anti reflux properties and is used in patients with LPR or GOR. It can be bought over the counter in the chemist. It should be noted that Gaviscon Advance is different to Gaviscon. It is only the Advance which is anti reflux. Gaviscon Advance can rarely cause a bloating sensation. Gaviscon Advance comes in both liquid and tablet formulations. Both are equally effective. They often need to be used for several months to work.

The best anti acid medications are called Proton Pump Inhibitors (PPIs) and include Rabeprazole (Pariet), Pantoprazole (Protium), Lansoprazole (Zoton), Omeprazole (Losec) and Esomeprazole (Nexium). These act by blocking the acid production in your stomach. They should be taken half an hour before breakfast and the evening meal for maximum effect. They often need to be used for several months to work.

All PPIs have a potential for side effects. Although rare they include nausea and vomiting, abdominal pain, bloating, diarrhoea or constipation. If you experience any of these effects then stop taking your PPI as there are alternatives.

You must not take PPIs if you are also taking clopidogrel (a blood thinning medicine) if you are unsure speak to your GP or specialist.

Other anti-acids such as Ranitidine (Zantac) or Cimetidine (Tagamet) are occasionally used, especially for patients who cannot take the more powerful PPIs. These medicines can also cause nausea and vomiting, abdominal pain, bloating, diarrhoea or constipation, but once again these side effects are rare.

These medical treatments may be prescribed in varying combinations depending upon your symptoms. It is important to take the medicines exactly as prescribed for maximum benefit. It is also important to realise that medical treatment can often take a few months to work, so please be patient.

Other Treatments

If your reflux does not respond to medications there are two widely available options:

- Gastroenterologists (stomach doctors) offer a procedure via a camera down the gullet to tighten up the lower end of the gullet to help repair the leaky valve between the gullet and stomach
- Surgical treatment can also be used to help repair the leaky valve. This is usually performed through a keyhole surgery and is called a fundoplication.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For more information on LPR please speak to your GP or hospital specialist.

**ENT Department
Royal Liverpool University Hospital
Tel: 0151 706 2597
Textphone Number: 18001 0151 706 2597**

Medication dosing schedule for LPR

Gaviscon advance either one tablet or 10 mls of liquid after breakfast, lunch, evening meal and at bed-time long term and at night

Medication dosing schedule for LPR plus GOR

PPI = Proton Pump Inhibitor.

High dose PPI half an hour before breakfast and evening meal. Gaviscon advance 10ml or one tablet after meals and at

Two Months

Low dose PPI ½ hour before breakfast and evening meal. Gaviscon advance 10mls or one tablet after meals and at night.

Two Months

Low dose PPI ½ hour before evening meal. Gaviscon advance 10ml or one tablet after meals and at night.

Two Months

Stop regular PPI. Use it when required. Continue regular Gaviscon advance 10mls or one tablet after meals and at night

Equivalent PPI Doses		
Drug	Low Dose	High Dose
Rabeprazole	10mg	20mg
Lansoprazole	15mg	30mg
Omeprazole	20mg	40mg
Esomeprazole	20mg	40mg
Pantoprazole	20mg	40mg

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