

# Gastro Oesophageal Reflux (GOR)

## Patient information leaflet

If you need this leaflet in a different language or accessible format  
please speak to a member of staff who can arrange it for you.

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لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,  
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,  
vă rog să discutați cu un membru al personalului să se ocupe  
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق  
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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### What is Gastro Oesophageal Reflux?

Gastro-oesophageal reflux (GOR) is the non-forceful regurgitation of milk and other stomach contents into the oesophagus (food pipe).

It occurs where there is a weak sphincter (muscle) between the food pipe and the stomach.

GOR is very common especially in premature infants and infants under 6 months old. Asymptomatic reflux occurs in both children and adults but is infrequent, mostly occurring after meals.

Gastro-oesophageal reflux disease (GORD) occurs when the reflux is persistent, more frequent and gives rise to troublesome symptoms or complications.

### Symptoms of GOR and GORD:

- Recurrent regurgitation or vomiting.
- Epigastric / abdominal pain (often presenting as distress or irritability during or after feeds).
- Behavioural problems, feeding difficulties and failure to thrive.
- Witnessed episode of choking.
- Recurrent cough and wheeze.
- May or may not be related to milk allergy.

### Notes

### Surgical Intervention (rare)

When medical therapy fails, anti-reflux surgery (for example, fundoplication) may be considered in selected patients but it carries a significant risk, and the operation has high failure rates.

### Complications of GORD

- Oesophagitis (inflammation of the food pipe).
- Respiratory problems e.g. cough, apnoea, recurrent wheeze and, less commonly, aspiration pneumonia.
- Vomiting blood, anaemia or stricture formation.
- Sandifer's syndrome is where reflux episodes are associated with abnormal bodily movements.

### Support for Parents

It is common for parents to feel stressed when their infant/child has GORD. It takes time for both management strategies and 'treatments' to take effect; not all infants and children respond as well as expected.

**If you are finding it difficult to cope with your child's symptoms, please discuss this with your healthcare specialist.**

### How is it diagnosed?

In the majority of cases, diagnosis is made based on the history of effortless possetting/vomiting occurring after feeds/meals.

Where the history is less clear or where symptoms are more severe, investigations may be required.

### What investigations can be done?

Investigations are not always necessary in mild cases. However, the following may be performed in more problematic cases.

- 24-hour oesophageal pH study.
- Barium meal/Swallow test.
- Endoscopy - where oesophagitis (inflammation of the feeding tube) is suspected.

Often your specialist may start treatment without any investigations as long as the clinical history is clear.

### General treatment of symptoms:

For mild reflux in an otherwise well baby who is growing adequately and is free from complications - reassurance from a healthcare professional that GOR is a benign condition which is likely to resolve spontaneously is all that is required.

### Other interventions that may help are:

- Avoid overfeeding, try increasing the frequency and decreasing the volume of feeds or having smaller meals.
- Careful upright positioning – after infant feeding.
- Elevating the head of the baby's cot or child's bed.

If cow's milk allergy is suspected it is recommended that there should be complete elimination of cow's milk from the diet (or the mother's diet if breast-feeding) for two to three weeks and observing if symptoms resolve. This will usually confirm suspected cases.

### Alternative treatment:

When general management interventions fail to reduce the reflux the following may be tried, (one intervention at a time should be tried; assessing effectiveness prior to proceeding to try an alternative).

- Feed thickening (with agents such as Carobel® or Nestroge® Breast-fed infants can be given the feed thickener mixed to a paste prior to their feed.
- Switching to an anti-regurgitation formula – such as Enfamil AR® or SMA Staydown®. These are available on prescription and should **not** be given with any other feed thickener or antacids.
- Gaviscon® Infant is mixed with water for babies who are breast-fed prior to the feed or with formula. Gaviscon® cannot be given with a thickener.
- Older children should be advised about lifestyle changes (avoiding provoking foods, weight reduction etc) and they may be helped by an alginate-containing antacid.
- For more significant reflux or reflux-associated complications, advice from a Paediatrician is usually required.
- Medicines called H<sub>2</sub>-receptor antagonists such as Ranitidine or a Proton pump inhibitor such as Omeprazole are sometimes used in infants and children with moderate GORD.

Other medications may be used which speed the movement of feed through the digestive tract.