

Acid reflux and heartburn: When to worry

Despite its name, heartburn has nothing to do with the heart. Heartburn is a burning pain or discomfort often felt in the middle of the chest, just behind the breastbone (also called the sternum). Sometimes it is felt in the upper chest, involving the neck and throat. The pain is often worse after eating, in the evening, or when lying down or bending over. Up to one in three people would report heartburn at least once a week.

What is actually happening inside the body for heartburn to occur?

Also known as acid reflux, heartburn is caused by stomach acid flowing back up into the food pipe, or oesophagus. This backup can happen when the lower oesophageal sphincter — a valve muscle that briefly opens to let food into the stomach and closes to keep food inside — relaxes too often or for too long.

Occasional heartburn is common and no cause for alarm. However, if it persists for a long time and remains untreated, it can damage tissues in the food pipe. Over many years, the lining of the food pipe may develop cancer.

The backflow may spill over into the windpipe and cause an irritating, unresolved cough.

SYMPTOMS

Symptoms usually begin shortly after eating and may persist for hours or fade within minutes. In addition to burning in the chest, one may experience a sour taste in the mouth, coughing, or hoarseness. There may also be a sensation of food being stuck in the throat.

Many people experience worsening heartburn when they lie down or bend over, because these actions allow stomach acid to move more easily into the oesophagus.

Triggers may vary among



SURGEON'S CORNER
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individuals and may change over time for the same person. Many things can trigger heartburn. Examples include spicy food, alcohol, overeating, and tight clothing, as well as foods that are acidic or high in fat, such as citrus fruits, oranges, tomatoes, onions, chocolate, coffee, cheese, and peppermint. It is important to identify and monitor personal triggers, as they are not the same for everyone.

Other sources of heartburn triggers may include aspirin or ibuprofen, as well as certain sedatives and blood pressure medications. Tobacco in cigarettes is known to weaken the food pipe-stomach valve function; cigarette smoking relaxes the muscle, which can result in heartburn.

Being overweight or pregnant

HOW CAN THEY BE AVOIDED?

Once identified, triggers can be avoided or limited. For instance, not lying down soon after eating and waiting for at least two to three hours significantly reduces the extent and frequency of heartburn episodes. Treatment involves avoiding triggers and taking over-the-counter medicines such as antacids.

When the exact cause is

can also trigger heartburn due to added pressure on the abdomen and stomach. During pregnancy, the growing uterus increases pressure inside the abdomen. Being overweight produces a similar effect.

Commonly, a doctor or healthcare professional will listen to the patient's account and perform a physical examination, and may also request further investigations.

When to Worry
You should be concerned if you have frequent or constant heartburn — that is, more than twice a week or every day.

When functioning properly, the stomach food pipe valve serves as a barrier that prevents digestive acid from the stomach from leaking into the oesophagus. However,

identified, such as a hiatal hernia, and surgical correction is appropriate, the heartburn may resolve. The decision to proceed with surgery is made in consultation with a surgeon.

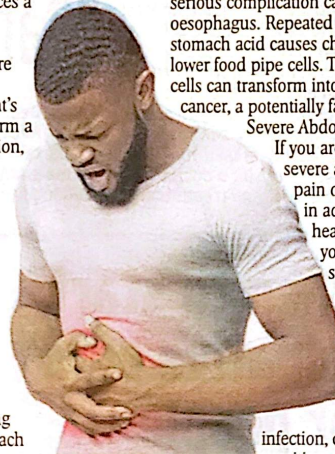
An endoscopy is performed to establish a clear diagnosis — specifically to rule out a hiatal hernia, cancer, or other significant conditions.

if the lower oesophageal sphincter is weakened or malfunctioning, stomach acid can reach the oesophagus and cause repeated bouts of heartburn. Over time, reflux may lead to a serious complication called Barrett's oesophagus. Repeated exposure to stomach acid causes changes to the lower food pipe cells. These damaged cells can transform into oesophageal cancer, a potentially fatal condition.

Severe Abdominal Pain

If you are experiencing severe abdominal pain or bloating in addition to heartburn, you may be suffering from inflammation of the stomach lining, which may be caused by bacterial

infection, chronic vomiting, or excessive use of alcohol or non-steroidal anti-inflammatory drugs such as aspirin or ibuprofen. An



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endoscopy will reveal the extent of the damage to the stomach lining.

HICCUP OR COUGH

A persistent cough or hiccup may be a sign of a hiatal hernia, a condition in which part of the stomach slips through an opening in the diaphragm. The diaphragm is the muscle between the chest and the abdomen that plays a crucial role in breathing: when the diaphragm contracts, it inflates the lungs, allowing one to inhale. It has a small opening through which the oesophagus passes. If the stomach slips through this opening, it can cause severe heartburn, in addition to chest or abdominal pain, nausea and vomiting, or shortness of breath.

Difficulty swallowing

If swallowing is difficult or painful in addition to heartburn, you may have oesophagitis. Oesophagitis is inflammation of oesophageal tissue, often caused by acid reflux. If oesophagitis is suspected, the doctor may order an endoscopy to assess the damage to the oesophageal lining.

NAUSEA OR VOMITING

Nausea and vomiting may be signs of acid reflux, hiatal hernia, or oesophagitis. Regurgitation of the stomach's contents may occur as a complication of any of these conditions. This regurgitation often results in a sour taste that causes some patients to feel nauseated or lose their appetite. Extreme nausea or vomiting may also be a sign of a serious medical emergency such as a heart attack.

Severe Chest Pain or Pressure

If you experience severe chest pain or pressure, especially in combination with pain in the jaw, neck, or back, nausea and vomiting, or difficulty breathing, seek medical help immediately.