

Answering the Burning Questions about reflux

GETTING TO THE BOTTOM OF THE CAUSES OF REFLUX CAN OFFER MORE TREATMENT OPTIONS AND SIGNIFICANTLY IMPROVE QUALITY OF LIFE.

Reflux can cause a range of symptoms, including heartburn and acidic regurgitation, and can also lead to more serious conditions such as oesophageal cancer.

Gastroenterologist Dr Lisa Shim has a special interest in gut dysmotility and says high-resolution oesophageal manometry and a 24-hour pH impedance study are the gold standard for diagnosing reflux diseases.

“Macquarie University Hospital is the only private hospital in NSW with these services and

because of that we’re able to provide an efficient and high-quality service for patients,” she says.

Oesophageal manometry takes about 15 minutes and offers real-time information about oesophageal peristalsis. Performed without sedation, it involves a thin probe being placed via the nose and passes down to the gastro-oesophageal junction.

“Unlike a gastroscopy, we can measure the motor function of the oesophagus by getting the patient to do a series of liquid and solid swallows in real time,” Dr Shim says.

“This is the only test that can diagnose problems associated with peristaltic disorder of the oesophagus or where the lower oesophageal sphincter doesn’t relax.”

In some cases, including when patients have had a normal gastroscopy report but are still experiencing reflux, Dr Shim recommends a 24-hour pH impedance study in addition to oesophageal manometry. The patient can go home after a very fine tube is placed into the lower oesophagus and connected to a small portable recorder. This enables them to press buttons to record when they eat, go to bed and experience symptoms.

“The idea is to capture what happens with their reflux in a normal day,” Dr Shim says. “It gives us more information about the type of reflux they have or if they have a hypersensitive oesophagus.”

The study confirms whether a patient has acid reflux and might need acid suppression

medication, and whether it needs to be tailored for certain times of the day. It can also show whether patients have non-acid reflux, which might need to be managed through other lifestyle changes rather than acid suppression medication.

Others have reflux hypersensitivity, in which the nerves in the oesophagus trigger symptoms. This can be caused or exacerbated by stress and anxiety.

“The information from these studies gives a lot of pathways and treatment strategies,” Dr Shim says.

Denise Osmand, 76, went to Dr Shim in late 2023 with a persistent cough and breathlessness. Over the previous two years she had met with several specialists and undergone a series of investigations.

“I had spent four weeks in hospital having tests and I had lost my voice and had no idea as to the cause,” she says.

The 24-hour pH impedance study found she was experiencing acid reflux that was three times more severe than the average case, and that she was also having significant reflux at night. A tailored medication regime now has her reflux under control.

“There is no more burning and choking,” she says. “I still watch the types of food I eat but I’ve got my life back – I’m not totally frightened and in pain.”



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