St Helens and Knowsley Teaching Hospitals NHS Trust

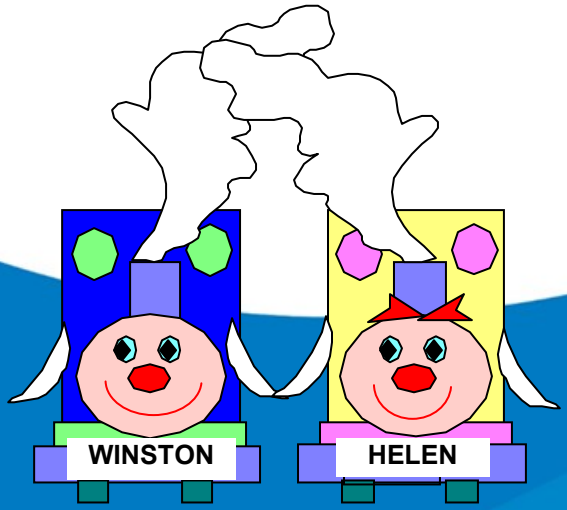
Gastro Oesophageal Reflux (GOR)

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式

此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.



Author: Paediatric Department
Document Number: STHK1687
Version: 6
Review date: 01 / 07 / 2024

The nature and reasons for the condition

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.

Diagnosis

In the majority of cases, diagnosis is made based on the history of effortless posseting/vomiting occurring after feeds/meals. Where the history is less clear or where symptoms are more severe, investigations may be required.

Investigations

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
- 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 is 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 Nestrogel®) 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
- Infant Gaviscon® 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 H2-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 .

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.

If you have any further questions, please contact your child's consultant via their secretary via the hospital switchboard.

The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

Ward 3F	0151 430 1616
Ward 4F	0151 430 1791

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

/sthknhs @sthk.nhs

www.sthk.nhs.uk