

Upper Digestive Disorders

Upper Digestive Tract Anatomy

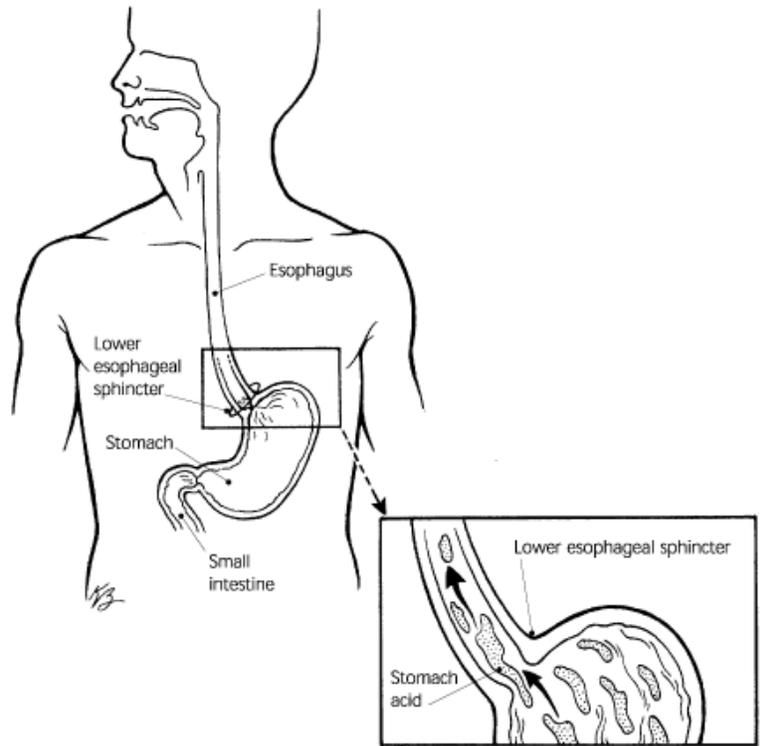
Esophagus: A long muscular tube in the chest area that connects the mouth to the stomach.

Lower esophageal sphincter: A muscle at the end of the esophagus which controls the opening into the stomach.

Diaphragm: Muscular partition separating the abdominal cavity from the chest cavity.

Pylorus: A muscle at the end of the stomach which controls the opening into the intestine.

Duodenum: The first part of the small intestine attached to the stomach. Neutralization of stomach acid occurs in the duodenum.



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Reflux with Esophagitis: The flowing back (or reflux) of the acid that helps you digest your food from the stomach into the esophagus. The acid irritates the esophagus producing heartburn (a pain that travels upward from the stomach) and occasionally a bitter taste in the mouth

Hiatal Hernia: Protrusion of the stomach through the diaphragm usually from an inborn weakness in that muscular ring. These hernias vary greatly in size and may cause no symptoms to severe heartburn.

Gastritis: Inflammation of the stomach lining usually caused by drugs (aspirin, ibuprofen, etc.), alcohol, infection (viruses or a bacteria called *Helicobacter pylori*), or reflux of fluids from the duodenum into the stomach. Gastritis causes discomfort high in the abdomen often aggravated by eating. Loss of appetite and nausea with or without vomiting are frequently present.

Ulcer: A break in the membrane lining of the duodenum or stomach. Classic symptoms include a gnawing or burning pain high in the abdomen 1-3 hours after meals, possibly relieved by meals or antacids. Ulcers arise largely from NSAID medications (aspirin, ibuprofen, etc.) or the presence of *Helicobacter* bacteria, especially in smokers. There is no proof that ulcers are caused by stress or diet. Duodenal ulcer is a chronic condition and there is a good chance that it will come back. Absence of symptoms does not necessarily mean the ulcer has healed. Duodenal ulcer can have serious complications including bleeding and perforation through the intestinal wall.

Treatment

- Avoid food which you know to cause stomach discomfort, usually fatty, acidic and spicy foods.
- Limit your intake of coffee, tea, alcohol and cola.
- Stop tobacco use.
- Avoid aspirin, ibuprofen, and other arthritis medication unless instructed by your physician.
- Do not eat 3 hours before bedtime. Avoid large meals or overeating. Eat small, frequent meals (about 5-6/day)
- Elevate the head of your bed on 6" blocks.
- Take liquid antacid (such as Maalox, Mylanta, etc.) according to the directions on the bottle, usually 30 minutes after each meal and at bedtime. Take TUMS as directed on the bottle.
- You have been recommended to take a medication called an "H-2 Blocker" like Zantac (generic name-Ranitidine), Pepcid (generic name-Famotidine) or a "PPI" like Nexium (generic name-Esomeprazole), Prilosec (generic name-Omeprazole), or Protonix (generic name-Pantoprazole) which helps reduce the stomach acid causing you less irritation. Follow the dosage instructions carefully and continue to take the medication until it's finished.
- Consider weight loss, if appropriate.

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Call UHS if any of the following happens:

- Any severe pain not relieved by your treatment
- Evidence of bleeding from the digestive tract (observe all bowel movement for bloody or “tarry black” stools)
- Vomiting
- Unintentional weight loss
- Unusual weakness or paleness

In an emergency go to Mount Nittany Medical Center or call 911 for an ambulance.

Test Results and Advice Nurse

Please call the nurse for test results and advice: 863-4463

Appointments

Appointments can be made online via the UHS website, by phone or in person. If you are unable to keep your appointment, please call and cancel. Otherwise you will be charged for the visit.

To schedule or cancel appointments call 863-0774 or schedule your appointment online through the UHS website

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