

Treatment of Gastroesophageal Reflux

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*This hand out covers common treatment strategies for gastroesophageal reflux disease (GERD). Your doctor will determine the best treatment for your child.

Definition:

Gastroesophageal Reflux (GER): GER or Reflux is the medical term used to describe a condition in which stomach contents (food and gastric acid) frequently flow back up out of the stomach, it may or may not flow all the way out of the mouth. It may be forceful vomiting which empties the stomach, or it can be more like a "wet burp."

Treatment for Gastroesophageal Reflux (GER)

How is GER treated?

There are many different treatment methods available. Most children will outgrow reflux in their first year of life and may not require anything more than careful position and feeding techniques. Only a few babies continue to have reflux after age two. It is uncommon for reflux to continue past early childhood but it does happen.

Behavioral/ life style changes:

- Positioning: children with GER need to be positioned so gravity can help keep the food from coming back up out of the stomach, keeping the child in an upright position for 30 minutes after eating can help
- Maintain the child in an upright position while sleeping by elevating the head of the bed 30 degrees. There are sheets with pockets available to help the child from sliding out of position. The Tucker Sling® is an infant-positioning system for babies. (For more information: www.tuckerdesigns.com or 800-780-7479)
- Avoid activity for 20 minutes after meals
- Sleep with the right side down to speed up gastric emptying

Diet changes:

- Thickening the formula with rice cereal
- Burping frequently
- Giving smaller meals to avoid filling the stomach
- Avoiding spicy and fatty foods
- Changing the child's formula (sometimes a formula with cows milk protein broken down is easier to digest in the stomach)
- Evaluate for allergy or food sensitivities that the child might be having trouble digesting which can sometimes look like GER

For children who are tube -fed:

- Slow down tube feedings by giving a slow bolus feed or continuous feedings over a specified period of time
- In severe cases, a tube placed lower in the intestine (a jejunal tube) can help with GER because it decreases the reflux
- Using a feeding pump can help to deliver slow feeding by controlling how much formula goes into the stomach at one time

Medical management:

Usually, some experimentation is needed to find the best medicine for each child, since not all children react the same way, even to similar drugs.

- Antacids neutralize stomach acid and make the reflux less painful
- Motility medicines increase the muscle tone of the digestive tract and keep the food moving better. They are also called kinetic or prokinetic medications. Bethanechol (Urecholine) and metaclopramide (Reglan) are the only ones currently used in the United States. Cisapride (Propulsid) was withdrawn from the market in July of 2000. It is only available in special circumstances.
- Acid suppressers - suppress acid production in the stomach; Cimetidine (Tagamet), famotidine (Pepcid) and ranitidine (Zantac) are commonly used.
- Acid Blockers - completely block acid production in the stomach. Omeprazole (Prilosec) and lansoprazole (Prevacid) are approved for use in children. Nexium (Esomeprazole) is also used.

Surgical:

- A Nissen fundoplication is a surgical procedure used to tighten up the lower esophageal sphincter (the high pressure zone above the stomach) to keep the food in the stomach.

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Last revised: May 1, 2003

Resources and references

www.reflux.org

www.iffgd.org

www.refluxinchildren.com

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