



Tampa Bay ENT

Adult and Pediatric Ear, Nose and Throat • Facial Plastic Surgery

LARYNGOPHARYNGEAL REFLUX DISEASE (LPR)

Your doctor has diagnosed you as having Laryngopharyngeal Reflux Disease or LPR. This condition develops when stomach acid travels up into your throat. Although you may experience “heartburn” or “indigestion”, many of our patients do not have these complaints.

Some of the more common symptoms seen in our patients include:

- Sensation of drainage down the back of the throat or excessive mucus
- Feeling of something caught in the throat (sometimes a tickling or burning sensation)
- Throat clearing
- Chronic cough
- Post – nasal drip
- Sore throat
- Hoarseness
- Difficulty swallowing
- Prolonged vocal warm –up (for singers)
- Loss of the high end of the vocal range

DIAGNOSIS OF LPR:

Most often, your doctor can diagnose LPR by examining your throat and vocal cords with a rigid or flexible telescope. The voice box is typically red, irritated, and swollen from acid reflux damage. This swelling and inflammation will eventually resolve with medical treatment, although it may take a few months.

At other times, you may have to undergo a dual-channel PH probe test to diagnose your condition. This involves placing a small tube (catheter) through your nose and down into your swallowing passage (esophagus). The catheter is worn for a 24 hour period and measures the amount of acid that refluxes into your throat. This test is not often necessary, but can provide critical information in certain cases.

TREATMENT OF LPR:

Most of the time, LPR is well controlled with medications (Proton Pump Inhibitors or PPI’s), as described on the back of this sheet. Occasionally, surgery is needed in severe cases or those that don’t resolve with medications. The recommended surgery is called a Laparoscopic Nissen Fundoplication, and is performed by a General Surgeon. Positive proof of reflux disease is needed first, generally by a PH probe study. With some patients, the esophagus (swallowing tube) must also be examined for pre-malignant changes.

One of the first things you must do is make some changes in your lifestyle. Many foods and drinks can make your symptoms worse, and it is important that these be eliminated. In addition, being overweight, smoking, and drinking alcohol are all factors that worsen reflux disease. It is important to work on the following areas as well:

1. **CUT OUT CAFFEINE.** Specifically, avoid coffee (highest caffeine content), tea, and caffeinated soft drinks. Soft drinks such as Coke and Pepsi are particularly bad, because they are very acidic (pH of 2.3), and the carbonation leads to belching and further reflux of acid into the throat. Other acidic juices (orange, cranberry, and grapefruit) can worsen reflux.



2. **AVOID CHOCOLATE AND MINTS.**



3. **AVOID ALCOHOL.**



4. **QUIT SMOKING.**

5. **ELIMINATE FRIED, FATTY AND SPICY FOODS FROM YOUR DIET.** A low-fat diet is the best way to avoid reflux. Onions and garlic are notorious for causing reflux.



6. **LOSE WEIGHT.**

7. **STOP EATING AT LEAST 3 HOURS BEFORE GOING TO BED.** Eating a heavy meal before going to sleep is especially bad for your reflux condition



8. **TAKE THE MEDICINES YOUR DOCTOR HAS PRESCRIBED FOR YOU.** In most cases, your doctor will prescribe a “proton pump inhibitor” (PPI) such as Nexium, Prevacid, Protonix, Prilosec or Aciphex. These drugs are typically prescribed for **TWICE A DAY**, which is double the usual dose for routine reflux disease. Please see below for more details on your medication.



9. **ELEVATE THE HEAD OF YOUR BED 4-6 INCHES** by placing wood or cinder blocks under the headboard. Most of our patients have daytime reflux disease, and this step is not necessary in 2/3 of our patients. If your symptoms are worse in the morning, (indicating active reflux at night) this step is important. Placing several pillows under your head does not substitute for raising the head of the bed; in fact, this maneuver can make the problem worse.

