

Get the Better of GERD



Why Medications Sometimes Don't Treat the Problem.

(NAPSA)—Gastroesophageal reflux disease, or GERD, is abnormally frequent or chronic acid reflux. Acid reflux occurs when stomach fluid backs up, or refluxes, into the esophagus, exposing it to gastric acid and other contents. While occasional reflux is normal, for some, it can be frequent and severe enough to affect daily life.

In fact, it's estimated GERD causes pain for over 80 million Americans at least once a month.1 Left untreated, GERD can lead to serious complications, such as changes to the esophageal structure, known as Barrett's esophagus, and even cancer. However, the good news is you don't have to put up with this burden.

## What To Do

Treatment varies depending on the severity of symptoms, and you should always consult a health care professional. GERD is a chronic condition, because the valve is not mechanically functioning—it needs a repair, not a temporary fix from an antacid or proton pump inhibitor (PPI) pills.

For mild GERD sufferers, simple dietary and lifestyle changes may be enough to provide some relief. These can include avoiding foods that trigger symptoms, such as coffee, tea and carbonated beverages; fatty, fried or spicy foods; and citrus fruits, tomatoes, garlic, onions, peppermint and chocolate. You may also eat smaller meals more often to avoid pressure on the valve between the stomach and the esophagus. Recommended lifestyle changes include watching your weight and avoiding lying down within three hours of eating. When you do go to sleep, raise the head of your bed six to eight inches. Don't smoke. Don't drink alcohol and do wear loose clothes. More tips are available at www.GERDhelp.com.

If that doesn't do the trick, you may have to turn to anti-reflux surgery to rebuild the barrier between the esophagus and the stomach. A gastroenterologist can see if you're a candidate for a minimally invasive, incisionless medical procedure that is not major stomach surgery. The Transoral Incisionless Fundoplication—TIF\* procedure—treats the underlying anatomical cause of GERD by reconstructing the valve between the esophagus and the stomach to restore the body's natural protection against reflux. This eliminates both the acidic symptoms of reflux, such as heartburn and sore throat, and the non-acid, atypical symptoms, such as asthma, chronic cough and regurgitation.

"Due to its unique approach, most GERD patients who receive the TIF procedure are less likely to experience long-term side effects commonly associated with traditional anti-reflux surgery, such as trouble swallowing, bloating and gas, and are able to return to normal day activities within a few days post-procedure," said Dr. Anthony Starpoli, associate director of esophageal endotherapy at Lenox Hill Hospital, New York City.

Since the TIF procedure is performed through the mouth with no abdominal incisions, patients typically return to work in less than one week. Recently published data showed at the three-year post-procedure check-up that:

- 71 percent of patients completely stopped taking their PPIs,
- 90 percent of patients experienced a reduction of troublesome regurgitation,
- And 88 percent of patients maintained elimination of all daily atypical symptoms.1

"Most importantly, these positive outcomes are a strong indicator of the TIF procedure's safety and durability, providing patients who no longer benefit from PPI therapy an effective alternative treatment option from chronic GERD symptoms," adds Dr. Lauren Gerson, director of clinical research, Gastroenterology Fellowship Program at California Pacific Medical Center.

## Learn More

For further facts about GERD, as well as the TIF procedure, and to find a nearby physician who can help you, visit www.GERDhelp.com.