

Laryngopharyngeal Reflux

If you have any of the following symptoms, you may have Laryngopharyngeal Reflux:

- Hoarseness
- Thick or excessive mucous
- Chronic throat irritation
- Heartburn
- Chronic cough
- Cough that wakes you from your sleep

What is Laryngopharyngeal Reflux (LPR)?

Acid is normally produced in the stomach. It is prevented from backing up or refluxing into your esophagus (or food pipe) and throat by a band of muscle at the entrance of the stomach known as the lower esophageal sphincter. If this band of muscle is not functioning well, you can have a backflow of acid into your esophagus and into your throat and voice box. This is called laryngopharyngeal reflux (LPR).

But I don't have heartburn?

Many people with LPR do not have symptoms of heartburn. Compared to the esophagus, the voice box and the back of the throat are significantly more sensitive to the effects of the acid on the surrounding tissues. Acid that passes quickly through the food pipe does not have a chance to irritate the area for too long, however, acid that pools in the throat and voice box will cause prolonged irritation resulting in the symptoms of LPR.

What are the symptoms?

The symptoms of laryngopharyngeal reflux can consist of a dry cough, chronic throat clearing and a sensation of something being stuck in the throat. Some people will also complain of heartburn, while others may have intermittent hoarseness or loss of voice. Another major symptom of LPR is "postnasal drip".

Patients often have been told that their symptoms are abnormal nasal drainage or infections, however, this is rarely the cause of the irritation. In order for the "postnasal drip" to cause the complaints described, signs and symptoms of active nasal infection has to be present

What to expect at the doctor's examination?

After a detailed history is taken, a head and neck examination will be performed. Particular attention will be placed on the nose and throat area. The doctor will use an instrument called a *Flexible Fiberoptic Laryngoscope*. This is a thick flexible fiber lens that allows the doctor to look at your voice box and throat. If the area is very inflamed and red, you might have LPR.

What treatment will the doctor recommend?

There are four general treatments for LPR:

- Posture changes and weight reduction.
- Diet modifications
- Medicines to reduce stomach acid or to promote normal motility.
- Surgery to prevent reflux.

Your doctor might prescribe medicines to either reduce or completely shut off the amount of acid in the stomach. Sometimes a medication that promotes motility might also be prescribed. Rarely, there are individuals who have a severe resistance to medical management. Surgery is then recommended to tighten the lower esophageal sphincter.

How long do I need medication?

Most patients will begin to notice some relief in their symptoms in about two weeks. However, it is generally recommended that the medication be continued for about two months. If the symptoms completely resolve, the medication can then begin to be tapered. Some people will be symptom free without the medication while other people may have relapses which require treatment again.

Things that you can do to prevent reflux

- Do not smoke. Smoking will cause reflux.
- Avoid tight fitting clothes around the waist.
- Avoid eating three hours prior to bedtime. In fact, avoid eating a large meal at night.
- Weight loss. For patients with a recent weight gain, shedding a few pounds is often all that is required to prevent reflux.
- Foods to avoid: caffeine, cola beverages, citrus beverages and mints, alcoholic beverages, particularly at night, cheese, fried foods, eggs and chocolate.
- For patients with more severe symptoms, it is helpful to sleep with the head of the bed elevated. Six inches of bed elevation will decrease reflux significantly.