

## **Hello pH capsules, goodbye heartburn**

**By Marlene Harris**

Wouldn't it be great if you didn't have to take antacids all the time? After a while, they don't work anyway. You're left with sleepless nights and fear of eating.

New technology provides patient-friendly diagnostic procedures and surgery close to home. Now you can skip the digestion aisle in your local drugstore.

### **What is GERD?**

Gastro-esophageal reflux disease, better known as GERD, is a condition that occurs when the esophagus (food pipe) becomes irritated from stomach acid, bile, and food backing up. This backing up is called reflux. Symptoms vary: heartburn, hoarseness, persistent dry cough, asthma-like problems, and even dental concerns.

Occasional heartburn isn't something to worry about. But when reflux is frequent (more than twice per week) the acidity can damage the esophagus. It's important to remember that reflux can lead to serious damage.

Cathy Hambrecht, RN, surgical nurse at Sauk Prairie Memorial Hospital & Clinics (SPMHC) where she performs many GERD studies, said, "The esophagus isn't made for acid like your stomach is.

“Too much acid can lead to numerous conditions, including dysphagia (difficulty swallowing), esophageal stricture (narrowing of the esophagus), and Barrett’s Esophagus (changes in esophagus lining). Now we have the latest technology to prevent all this; there is no reason to suffer.”

### **New outpatient test for GERD**

Reflux disease is diagnosed by measuring pH levels (acidity) in the esophagus. Until recently, this has been done by placing a catheter (tube) down the nose and into the esophagus for 24 hours. The catheter is connected to a large monitoring device on the patient’s belt and can be uncomfortable and embarrassing.

The new Bravo® pH Monitoring System (Bravo) has changed the patient’s experience dramatically. Gone is the annoying catheter, and the monitoring device is the size of a pager. No one even knows you’re having a test.

Instead of a catheter, the Bravo uses a miniature pH capsule less than an inch long, which is temporarily attached to the esophagus wall. It’s an outpatient procedure that doesn’t take long. The capsule measures pH levels in the esophagus and sends readings to the device worn by the patient.

Afterwards, information is uploaded to a computer; the surgeon analyzes it, and the capsule passes through the digestive tract in a few days. It couldn’t be easier.

“Bravo provides more information because it’s a 48-hour test, and patients can go about their regular activities since there are no catheters. This gives us a more accurate picture of their symptoms,” said Ted Parins, MD, FACS, FICS, general surgeon from Surgical Associates in Prairie du Sac. “Patients are happy with the Bravo; it’s very convenient for them.”

Bravo isn't offered everywhere, so make sure your surgeon is experienced. An initial consultation will help you decide what to do.

### **New outpatient test for esophageal function**

Prior to antireflux surgery, another outpatient test — esophageal manometry — is performed after Bravo has taken place. This test tells your doctor if the esophagus is able to move food to the stomach in a normal fashion. It can evaluate the cause of GERD and problems associated with swallowing.

The new manometry catheter, which is used by SPMHC, has 36 sensors and is far superior to the older, four-sensor catheter. Many hospitals still use the older system. A number of hospitals don't have any system and frequently refer patients to SPMHC for the new reflux test.

“It only takes about 30 minutes. The new equipment at Sauk Prairie is state of the art, so we can get more diagnostic information in less time. Patients find it very tolerable,” said Parins.

The new catheter can check the whole esophagus at once, unlike the older one that requires constant readjustment and is uncomfortable.

“I shouldn't have waited such a long time before having these tests. By the time I went, I had to sleep in a chair because the reflux was horrible,” said Michelle Prem, RN, from Sauk Prairie. “My whole life was interrupted. Medication had side effects and didn't help the reflux anyway.”

Medication does not prevent or cure GERD.

### **Laparoscopic surgery fixes GERD**

If you've been diagnosed with GERD and have decided to permanently fix it, there is a minimally invasive procedure called Nissen Fundoplication. It offers fewer complications than open surgery.

During the Nissen, the stomach's upper curve is wrapped around the lower esophagus and sewn into place. This creates a stronger valve between esophagus and stomach. Antacids are no longer needed because reflux is gone.

"Recovery after this laparoscopic procedure is much faster than open surgery. There are only five extremely small incisions, risk of infection is much lower, and the majority of patients spend only one night in the hospital. It can also be an outpatient procedure, if necessary," said Parins, who was also Prem's surgeon for this procedure.

It's important to find a physician who answers all your questions and explains everything clearly. It will help you decide what to do.

It's tempting to self-diagnose, but it's not advisable. Medications can mask problems, and different diseases can have similar symptoms. Seek your doctor's advice. You may also contact Surgical Associates at 608-643-2431.

Prem said, "I highly recommend this surgery. I only missed three days of work. I sleep great, and eating is no longer a problem.

"The reflux is completely gone and so is the medication. I have my life back," said Prem. For heartburn sufferers, this is a dream come true.

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