



HELP FOR YOUR ACID REFLUX

BY DR. AARON SCHWAAB

If your current heartburn treatment isn't giving you the results you desire and you'd like to reduce or eliminate dependence on potentially risky medication, there's another option. It's a new minimally invasive procedure called LINX.

GERD

Gastroesophageal reflux disease (GERD) occurs when the stomach contents reflux up into the esophagus. The resulting acid causes the symptoms of heartburn and regurgitation.

First Lines of Defense

The first approach if you have GERD is diet modification. Avoid spicy foods, caffeine, fatty foods, alcohol, and

carbonated beverages. Secondly, prop up the head of your bed at night.

Medications that block acid production in your stomach also exist. The most common category is proton pump inhibitors (PPI). About one in five Americans suffers from GERD, and there are 20 million patients in the United States on PPI drugs, with 38 percent of patients still having symptoms, even while taking these drugs.

Complications of Untreated GERD

About 10 to 15 percent of patients with GERD will develop Barrett's esophagus, which results in changes in the lining of the esophagus from acid damage. Patients with Barrett's

have a 40 times increased risk of esophageal cancer.

Incidentally, if you look at the statistics for esophageal cancer in this country, the rate has seen an approximate 600-fold increase from the time acid-blocking medications came out in the mid-1980s. The concern is that medications may be improving symptoms but not solving the core problem, resulting in patients still being subject to reflux damaging the esophagus.

Traditional Surgery vs. LINX

In the traditional surgical approach to treat GERD, known as Nissen fundoplication, a portion of the

stomach is wrapped around the lower esophagus. This changes the anatomy of the stomach, requires an overnight stay, and involves dietary restrictions.

The newer, less-invasive LINX treatment involves putting a small beaded bracelet of titanium magnets (about the size of a quarter) around the end of the esophagus to bolster the sphincter. The procedure is done laparoscopically in an hour, with patients typically going home the same day. It's removable and doesn't change the anatomy of the stomach. Unlike other gastrointestinal surgeries, this procedure doesn't require food restriction, and patients are actually encouraged to start eating right away post-surgery. Patients who have a LINX device will retain the ability to belch and vomit, which is often not the case for patients who have a Nissen fundoplication.

Who's a Good Candidate for LINX?

LNX is for any individual taking reflux medication who is still having symptoms of reflux, patients who are on a double dose, and patients who don't have heartburn but still experience regurgitation symptoms that come with reflux.

Five years postoperatively, 85 percent of LINX patients are free of their medications, 88 percent of those patients no longer have heartburn, and 99 percent no longer have regurgitation. We also don't see the bloating and gassiness that can occur with traditional surgery.

I have had several patients who suffered with heartburn for decades. They're afraid of surgery because of potential bad side effects. With LINX, there's relief, so they don't have to live with heartburn.

Please note that people with allergies to titanium or nickel should not get this surgery.

Potential Side Effects

Initially, the most common side effect of placing the LINX is dysphagia, which is a sensation that occurs when patients can feel food going through a tighter area in their esophagus upon swallowing. We recommend eating solid foods frequently after surgery to lessen dysphagia, and we typically see dysphagia disappear after about three months.

Some individuals have had concerns about the device material. It won't set off airport alarms, so you can fly per usual. It's also considered MRI safe for the most commonly used MRI machines.

Is LINX Right for You?

What I would like patients to know is that LINX is an extremely viable option for those taking PPI medications. Certainly, if you're someone who is taking PPIs and still having symptoms, are unhappy with the way you're feeling on these medications, or you're having to increase the medication dose, you're a very good candidate for the LINX procedure.

For more information, you can go to stoughtonhealth.com.

Dr. Aaron Schwaab is a general surgeon at Stoughton Health General Surgery Clinic.



You can listen to health podcasts from Stoughton Health experts at stoughtonhealth.com/health-talk.

CHRONIC CONDITIONS & SUPPORT

Listings include various national organizations, local resources, and support systems. Please also see Palliative Care category in this section.

ALS ASSOCIATION
WISCONSIN CHAPTER
(414) 763-2220
alsawi.org

AMERICAN DIABETES ASSOCIATION
(608) 222-7785
diabetes.org

AMERICAN HEART ASSOCIATION
(608) 709-4930
heart.org

AMERICAN PARKINSON DISEASE ASSOCIATION (APDA)
(608) 345-7938
apdaparkinson.org/community/wisconsin

ARTHRITIS FOUNDATION
Wisconsin Office
(414) 321-3933
arthritis.org/wisconsin

EPILEPSY FOUNDATION HEART OF WISCONSIN
(608) 442-5555
epilepsywisconsin.org

HEARTLAND HOSPICE
2801 Crossroads Dr., Ste. 2000
Madison 53718
(608) 819-0033
heartlandhospice.com/madison

Managing a serious disease and relief from its symptoms can make all the difference in the quality of your life and the lives of your loved ones. Our certified Nurse Practitioners can help.

