GASTRO-OESOPHAGEAL REFLUX

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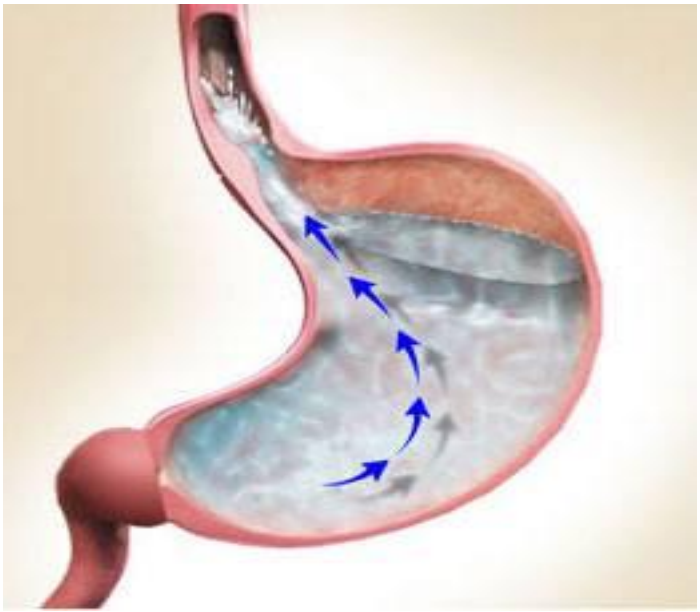


Gastro-oesophageal reflux

- GER – passage of gastric contents into the esophagus with or without regurgitation and/or vomiting

- GERD – when the reflux leads to troublesome symptoms and/or complications, such as esophagitis or stricturing

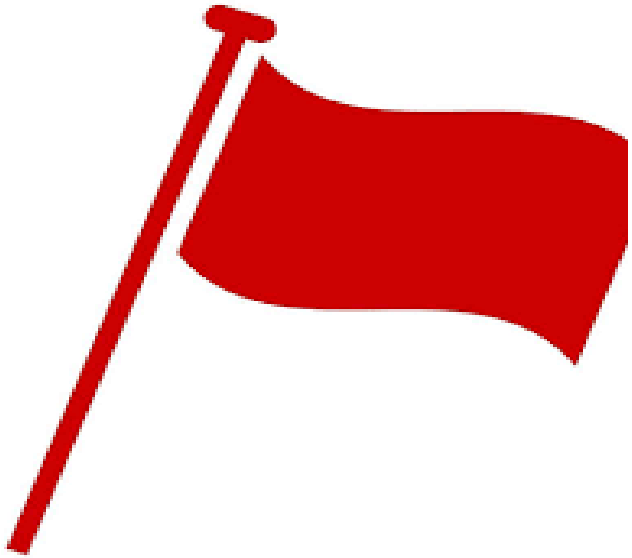
- Refractory GERD - not responding to optimal treatment after 8 weeks

Gastro-oesophageal reflux

- is very common (it affects at least 40% of infants)
- usually begins before the infant is 8 weeks old
- may be frequent (5% of those affected have 6 or more episodes each day)
- usually becomes less frequent with time (it resolves in 90% of affected infants before they are 1 year old)
- does not usually need further investigation or treatment

Red flags in history taking and examination

- Projectile vomiting in babies
- Bile stained vomits
- Haematemesis (blood in vomit) or melena
- Faltering growth
- Selective eating in older children
- Dysphagia in older children
- Hoarse voice / chronic cough



Intervention / treatment

- Babies / toddlers
  - Reassurance
  - Change of feed volume and frequency
  - Thickeners can help
  - Role of alginates
  - If other signs of atopy try changing the formula
- Older children
  - PPI trial – omeprazole or lansoprazole
  - H2 receptor blocker – ranitidine is off licenced, cimetidine and famotidine still used

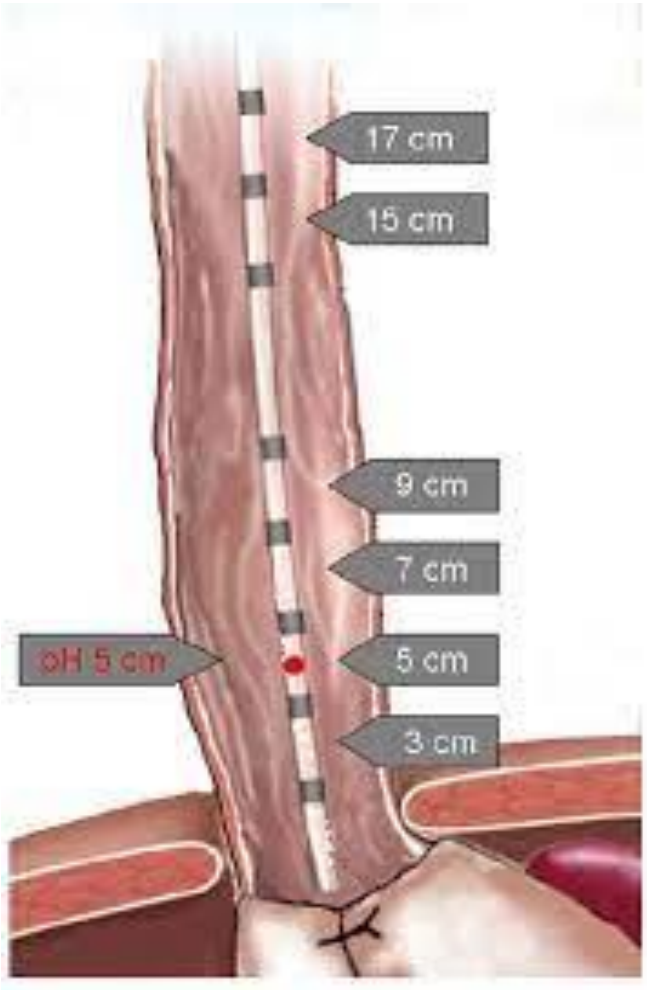
Referral to specialist paediatric gastroenterology service

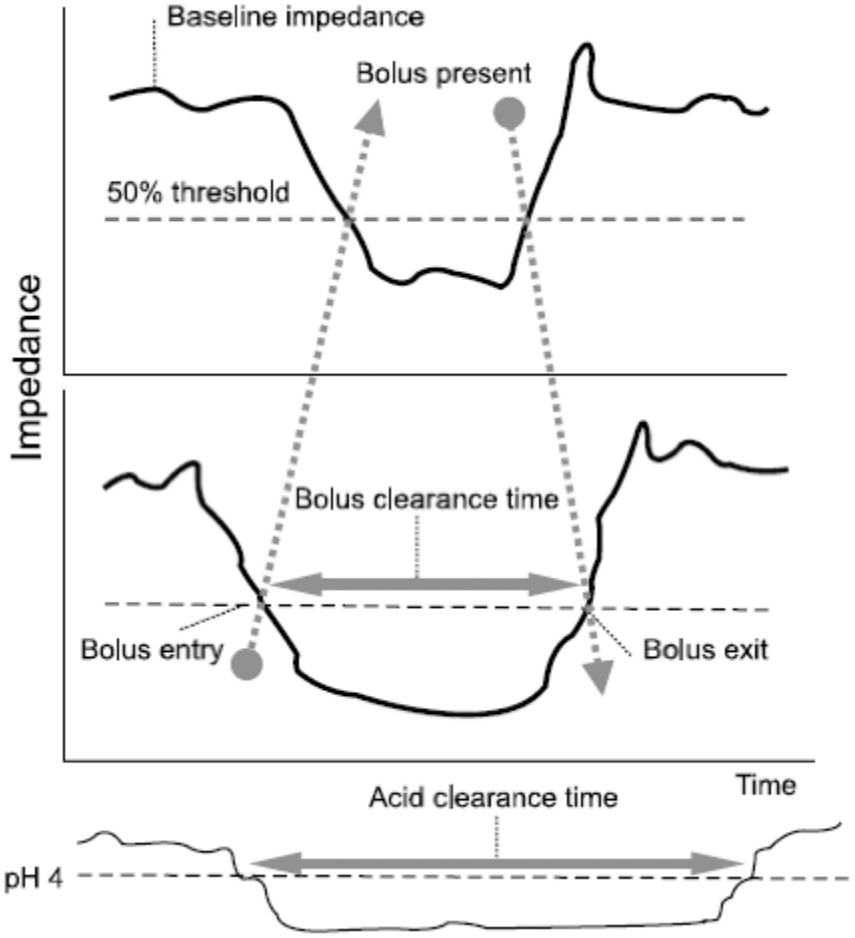
- Red flag symptoms and signs
- Faltering growth – persistent
- Feeding aversion
- Persistent of reflux symptoms after 1 year of age

How to wean medications if responsive to PPI's

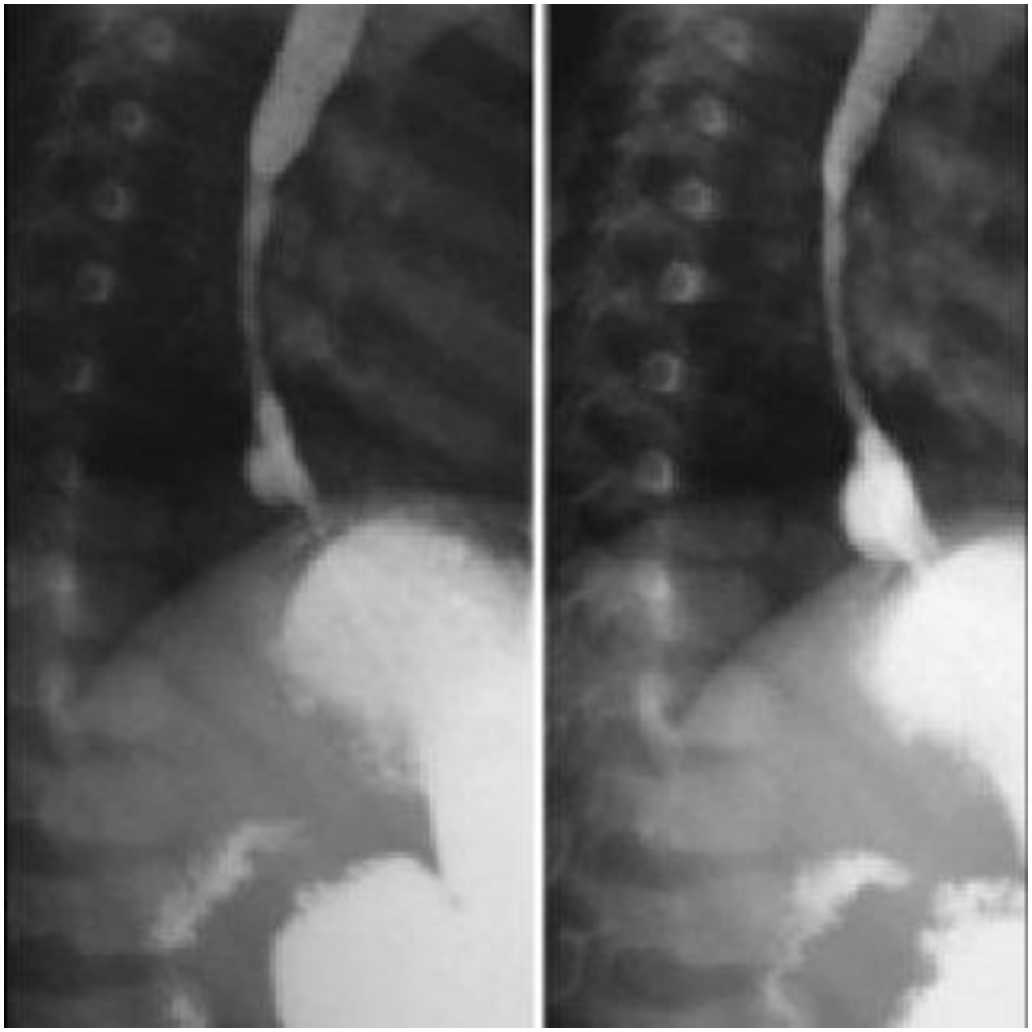
- If child has responded to medications recommendation from ESPGHAN is to wean after 8 weeks
- Advise is to slowly wean rather than an abrupt stop
- If child is unable to wean and has been dependent on medications needs to be referred to tertiary gastroenterology service

Gold standard pH / Impedance study

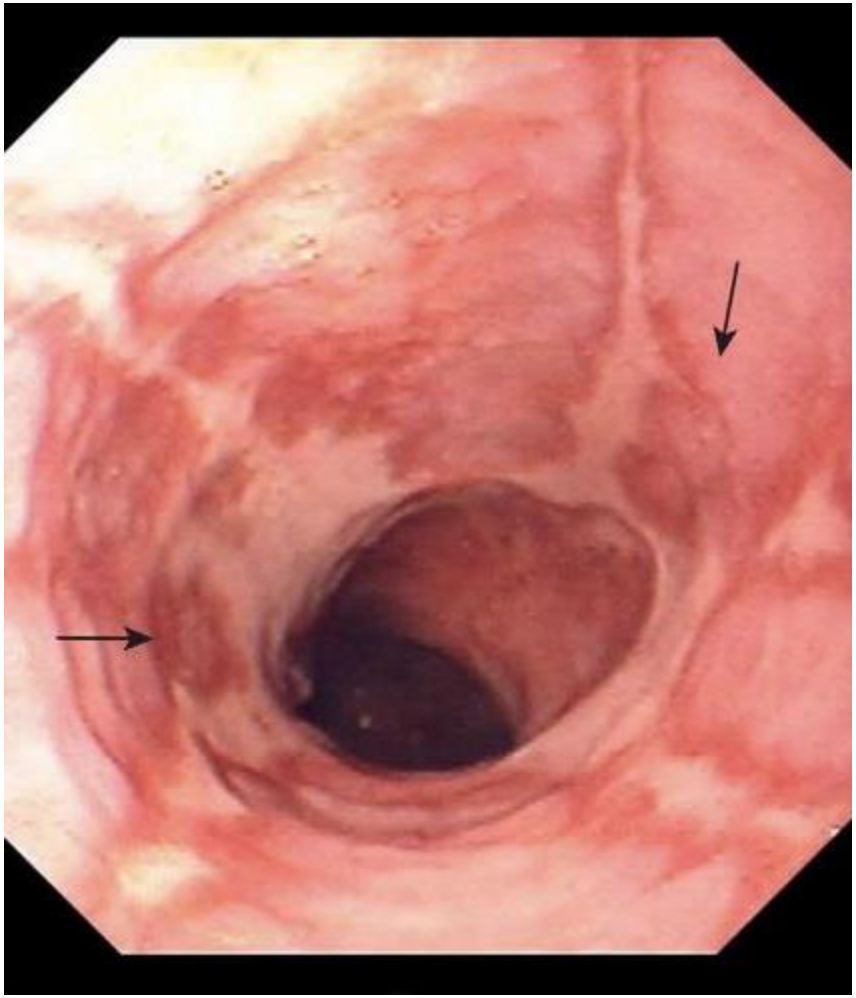


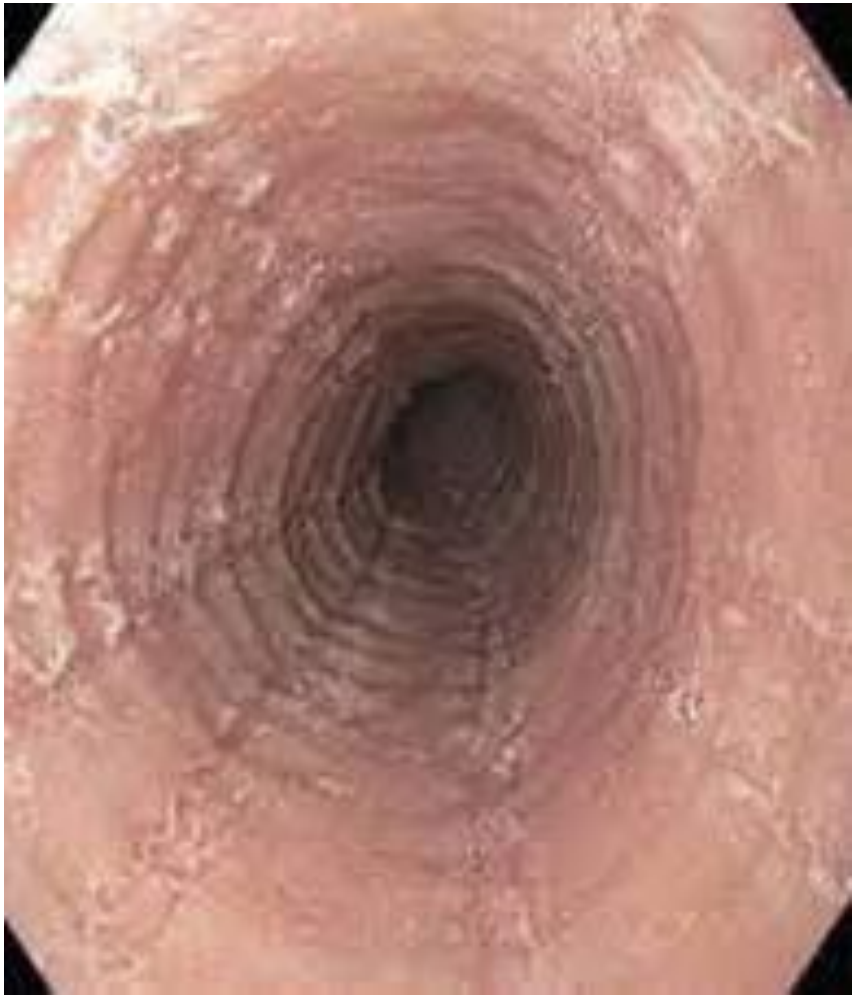


Contrast study



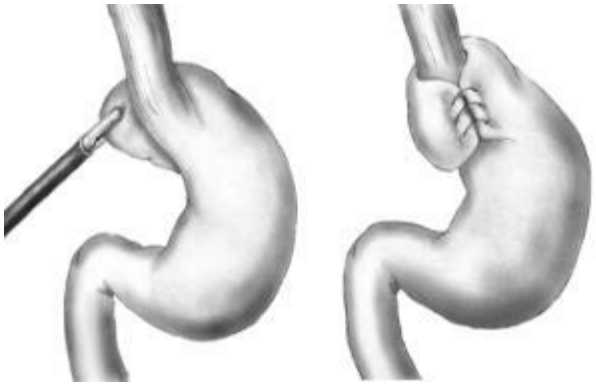
Upper GI endoscopy



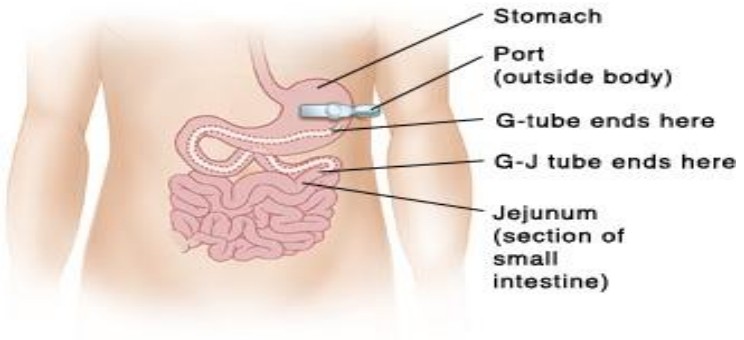


Surgical intervention

- Fundoplications
  - barrett's oesophagus
  - life threatning complications after failure of medical treatment



- Transpyloric / jejunal feeding



Summary

- Important to differentiate between reflux and reflux disease
- If red flags present needs to be referred to tertiary service
- Babies very often do not require any medications
- Reflux medications to wean rather than stop