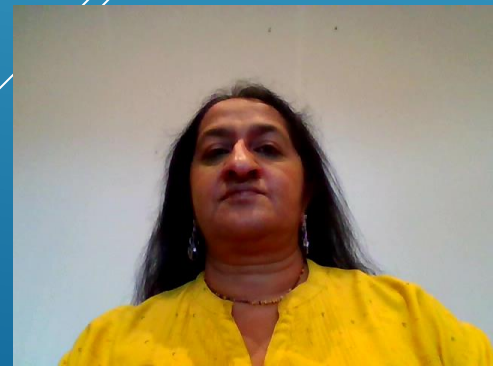
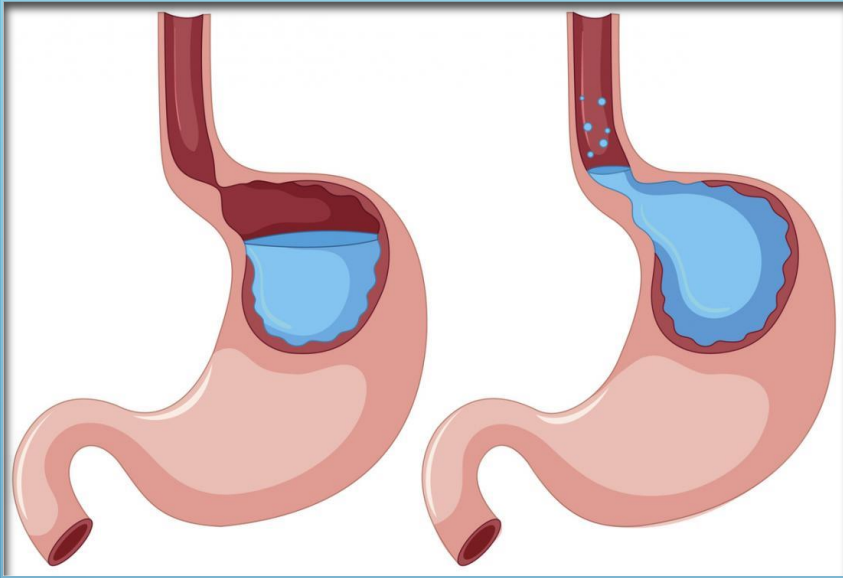


GASTRO- OESOPHAGEAL REFUX



GOR V GORD

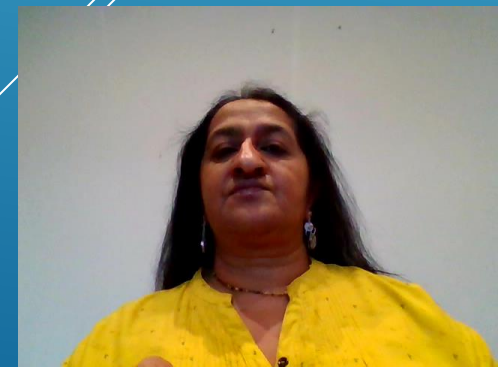
GOR

- ▶ Common
- ▶ Normal physiological
- ▶ Early onset improves age 1 year
- ▶ Age < 1 other causes vomiting eg Sepsis, UTI

- ▶ All age groups

GORD

- ▶ Intervention required
- ▶ Weight loss
- ▶ Food aversion
- ▶ Epigastric Pain
- ▶ Sandifer Syndrome
- ▶ Coffee Ground
- ▶ Haemetemesis/Melaena



RED FLAG SYMPTOMS



**Detailed History

Babies and Infants

- ▶ Projectile vomiting
- ▶ Bilious vomiting
- ▶ Apnoeas
- ▶ Faltering Growth

Older children

- ▶ Refractory Epigastric Pain
- ▶ Selective Eating
- ▶ Dysphagia
- ▶ Hoarse Voice
- ▶ Coffee Ground
- ▶ Haemetemesis/Melaena



AMBER FLAG SYMPTOMS

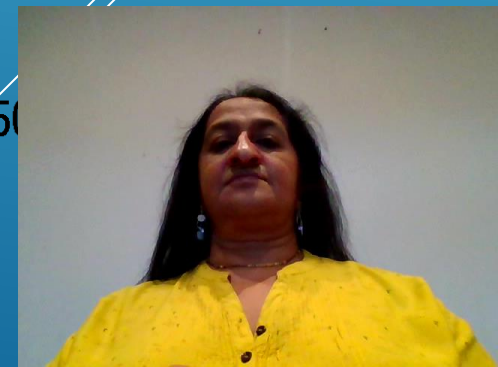


**Detailed History

- ▶ Irritability in babies
- ▶ Recurrent Cough
- ▶ Pneumonia
- ▶ Atopy



[gastrooesophageal-reflux-disease-in-children-and-young-people-diagnosis-and-management-pdf-510350](#)



INTERVENTION/TREATMENT

Babies/Infants

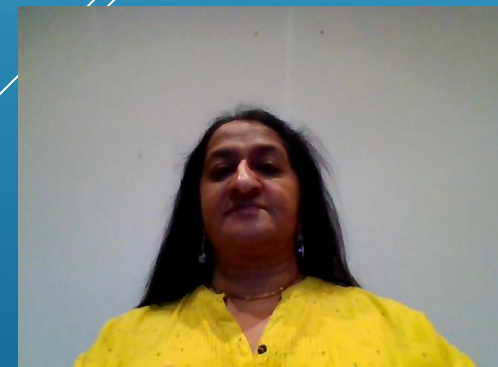
- ▶ Reassurance
- ▶ Pattern of feeding

- ▶ Thickener
- ▶ Alginate
- ▶ Formula change

- ▶ NB De Escalation of treatment

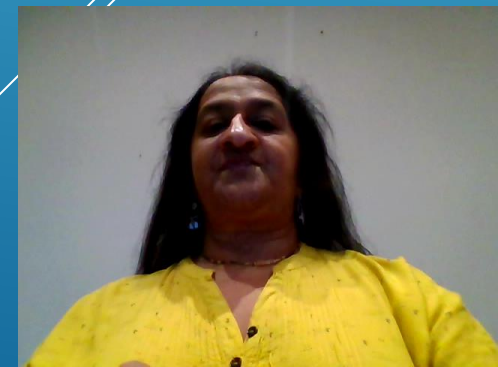
Older Children

- ▶ Trial PPI

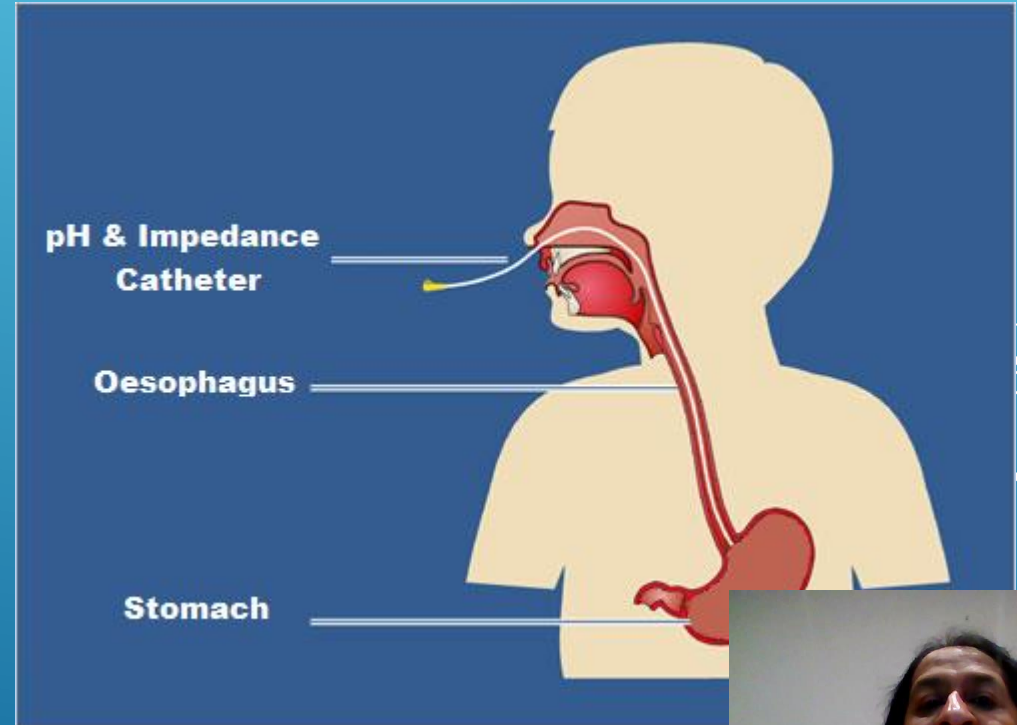
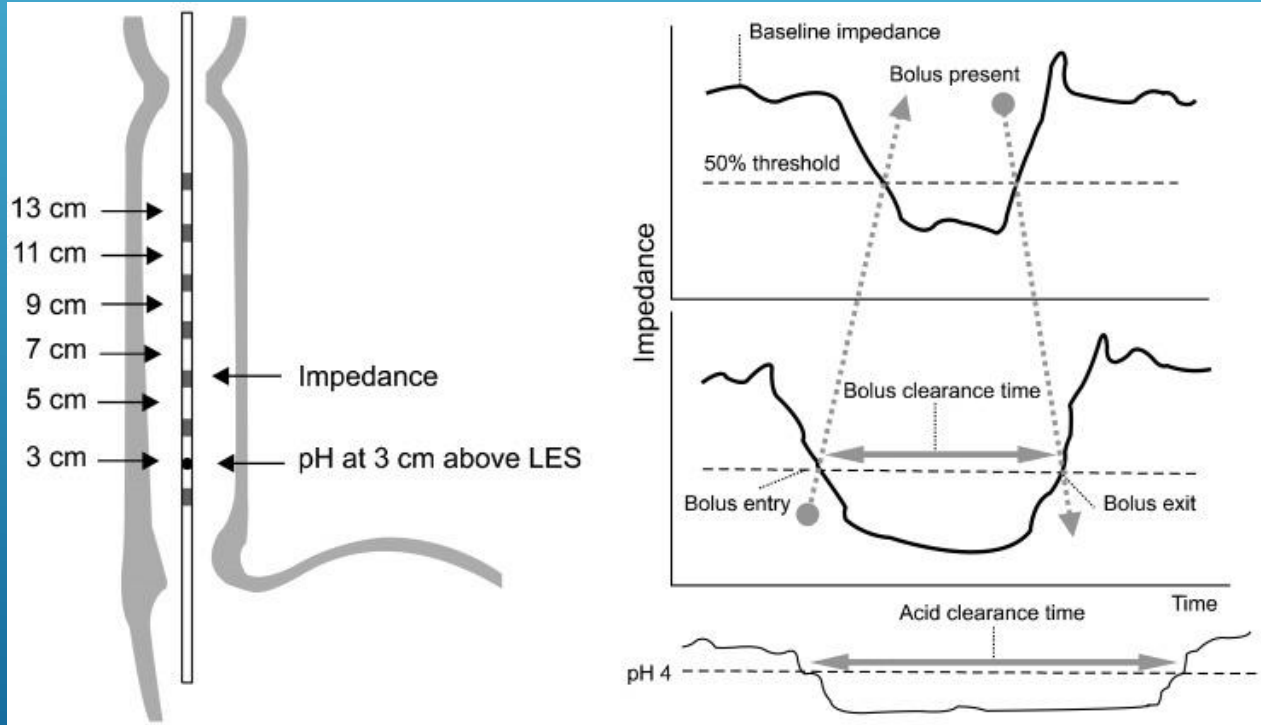


REFERRALS FOR GORD

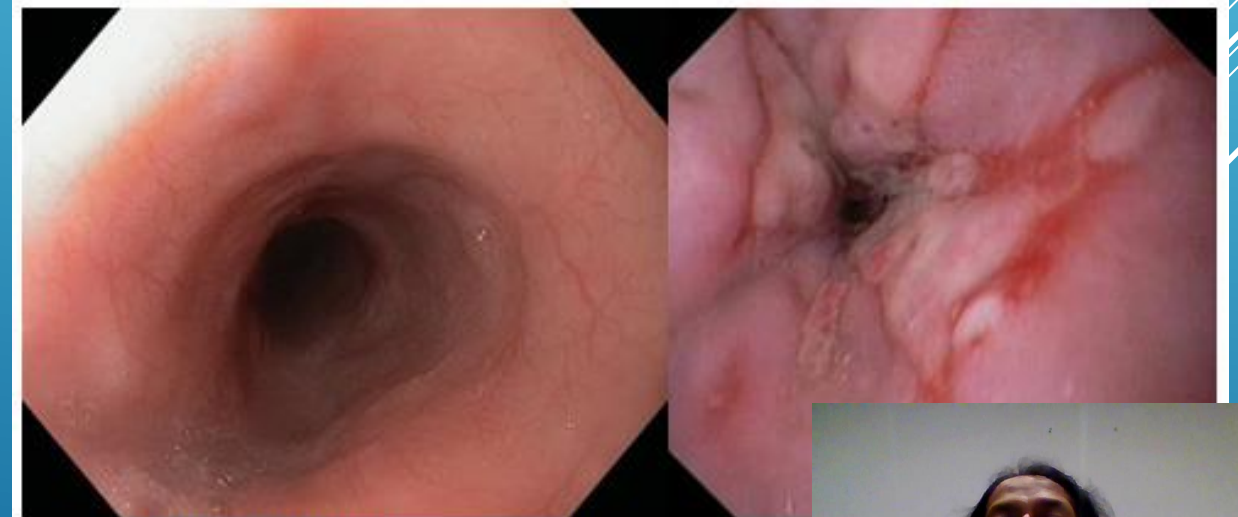
- ▶ Faltering Growth
- ▶ Red Flags
- ▶ Avoid referral purely for parental anxiety
- ▶ Refractory to Intervention
- ▶ Failure to respond to PPI



GOLD STANDARD PH IMPEDANCE



INVESTIGATION



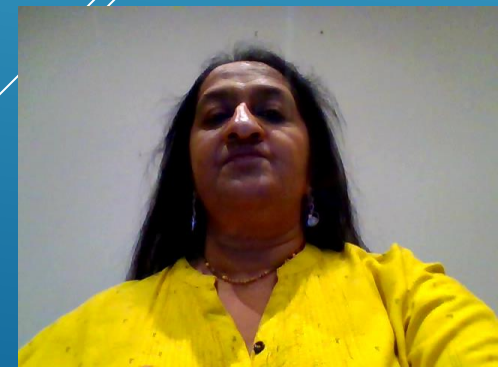
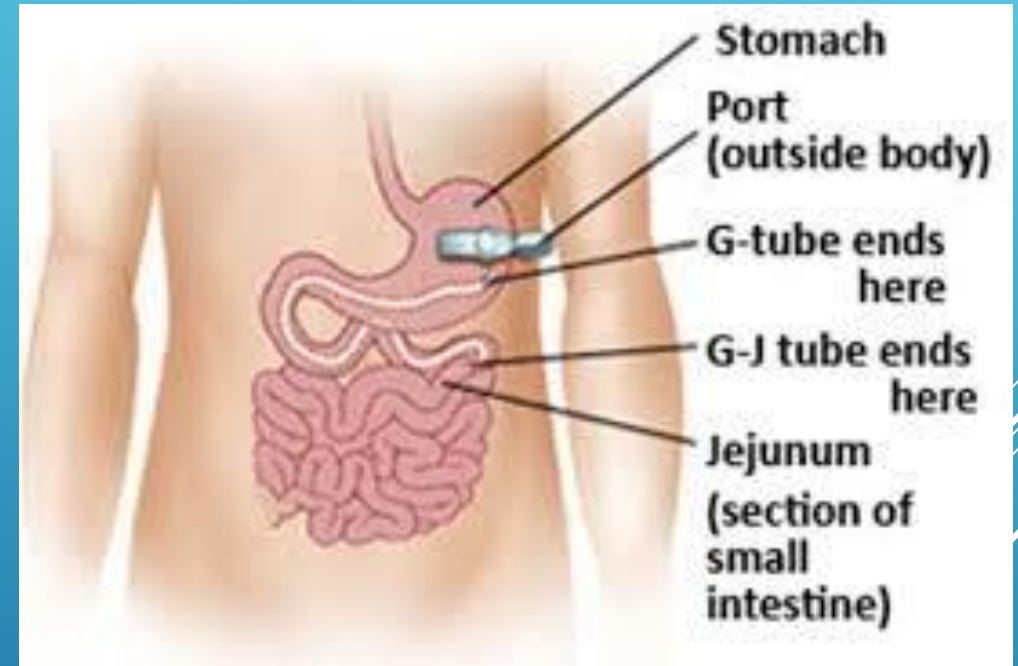
Images: Normal lower oesophagus



HOSPITAL TREATMENTS

- ▶ PPI
- ▶ Partially Hydrolysed Feed
- ▶ Tube feeding
- ▶ Bolus → Continuous
- ▶ Gastric → Jejunal

- ▶ Fundoplication- strictures, Barretts
 - ▶ Poorer outcome in neurodisability



SUMMARY

- ▶ GOR is common
- ▶ GORD is not common
- ▶ Babies GOR Simple measures
- ▶ Clear red flags indicating need for referral

- ▶ Advice prior to Referral

