

Controlling LPR:

- ◆ Control your lifestyle and diet
- ◆ Do not eat 3 hours prior to bedtime and do not lie down immediately after eating at any time
- ◆ Avoid coffee, tea, soda, tomatoes and citrus fruit/juices
- ◆ Maintain a low-fat diet—limit your intake of red meat and butter. Avoid fried foods, chocolate, cheese and eggs
- ◆ Avoid alcoholic beverages, particularly at night
- ◆ Smoking causes reflux. If you smoke, QUIT!
- ◆ Avoid wearing clothing that is too tight, especially around the waist



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SILENT REFLUX

Laryngopharyngeal Reflux

Silent Reflux Can Cause:

- ◆ Hoarseness
- ◆ Chronic Cough
- ◆ Chronic Throat Clearing
- ◆ A Lump in the Throat
- ◆ Excessive Throat Mucus
- ◆ Difficulty Swallowing
- ◆ Heartburn



EAR, NOSE & THROAT—FACIAL PLASTIC SURGERY

What is Laryngopharyngeal Reflux (LPR)?

Laryngopharyngeal Reflux (LPR), also known as Silent Reflux, occurs when food or stomach acids flow back up into the larynx (voice box) or pharynx (throat). This backflow, or reflux, can occur at anytime—day or night, whether a person has eaten or not.

Why don't I have heartburn?

It is common for some patients to experience heartburn or indigestion with LPR, but many people do not suffer from those symptoms. The acid that refluxes does not stay in the esophagus long enough to irritate and cause heartburn (GERD). This is why LPR is referred to as “Silent Reflux”.

Compared to the esophagus, the voice box and throat are more sensitive to irritation and injury from stomach acids. Problems can occur even with only small amounts of refluxed acids reaching the throat. Because symptoms are different than those associated with Gastroesophageal Reflux Disease (GERD), LPR is sometimes difficult to diagnose.

Do I suffer from LPR?

Symptoms will vary depending upon the individual. Indications of LPR include hoarseness, chronic cough or clearing of the throat, feeling of a lump in the throat, excessive throat mucus, difficulty swallowing, or heartburn. If you suffer from any of these symptoms, especially if you smoke, you should talk to your doctor about LPR.

If your symptoms indicate the possibility of LPR, a fiber optic examination of the throat is required to observe the voice box. If this area appears swollen and/or red, you may have LPR. At that point, further tests may be recommended or a treatment plan will be initiated.

What kind of testing should I expect?

Further evaluation of the esophagus may be needed in order to be certain that you do not have any complications of acid reflux.

The most common tests of LPR are:

- ◆ Barium Swallow X-Ray
- ◆ Esophagoscopy
- ◆ 24 Hour Double-probe pH Monitor

How do you treat LPR?

Treatment is individually tailored to each patient who suffers from Silent Reflux (LPR). Your doctor will prescribe the best plan of therapy for you, which may include:

- ◆ Changing daily habits and diet to reduce reflux
- ◆ Prescribed medications to reduce stomach acid
- ◆ Surgery to prevent reflux

Daily modifications to a patient's eating habits can help to prevent reflux, but these lifestyle changes alone are usually not enough. Prescription medications are the primary therapy for reducing stomach acid. Liquid antacids such as Maalox, Mylanta, Gelucil and Gaviscon can also be helpful. Control of symptoms may require prolonged therapy.

Will treatment be ongoing?

LPR is a chronic, intermittent disease that requires treatment some of the time, but occasionally individuals may require chronic therapy. LPR does not usually cause serious health problems when treated. Without therapy, it can be serious, or even dangerous.