

## **Laryngopharyngeal Reflux ( LPR )**

### **SILENT REFLUX**

**Silent Reflux Can Cause:**

**\*A feeling of a lump in your throat**

**\*Too much throat mucus**

**\*Excessive throat clearing**

**\*Chronic cough**

**\*Trouble swallowing**

**\*Hoarseness**

**\*Heartburn**

**What Is Laryngopharyngeal Reflux (LPR) ?**

**The acid that is normally produced in your stomach is usually prevented from coming back up or from refluxing into your esophagus all the way into your throat or larynx (voice box) by a band of muscle at the entrance of the stomach that is known as the lower esophageal sphincter. When this band is not functioning well, you may have a backflow of acid that can travel all the way up into your throat. When this occurs, this is called laryngopharyngeal reflux or LPR. LPR can occur even when you haven't eaten and it can occur at any time day or night.**

**If I don't have heartburn, how can I have reflux?**

**While heartburn is often a sign of acid reflux into the esophagus, the irritation associated with acid that travels into the throat does not necessarily cause esophageal pain. Many people with LPR do not**

experience heartburn or indigestion. Each episode of reflux in patients with LPR is usually brief and patients are often unaware of the individual reflux events. Brief episodes of reflux are common in the esophagus. The esophagus has protective mechanisms that prevent these brief episodes from the development of esophagitis. However, the throat and larynx do not have these same protective mechanisms for acid exposure. These brief episodes of acid into the throat lead to the development of excessive mucous within the throat, hoarseness, a sensation of a lump in the throat and occasionally pain in the throat.

### **How Do I know If I Have LPR?**

The symptoms of LPR can consist of frequent throat clearing, chronic hoarseness, cough, a feeling of a lump in your throat or difficulty swallowing. Heartburn can also be associated with LPR. The hoarseness that some people have may be intermittent which means that it comes and goes. Other people may have a problem with too much nose and throat drainage “postnasal drip.” If you have any of these symptoms, and especially if you smoke, you should ask your doctor about LPR. The specialist who most often treats people with LPR is an Otolaryngologist otherwise known as an Ear, Nose and Throat physician.

If your doctor thinks that you have LPR, they will take a detailed history of your symptoms and perform an examination of your throat. The doctor will use an instrument called a Flexible Fiberoptic Laryngoscope. This is a thin flexible fiberoptic scope that will be inserted through one of your nostrils and gently passed down the back of your nose to your throat allowing the doctor to have a good look at your voice box and throat. If this area looks red or swollen you could have LPR. After your exam, your doctor may order some other tests or recommend a specific treatment.

### **What Tests Might My Doctor Order?**

Your doctor might order tests to help confirm a diagnosis of LPR and to exclude other causes of your symptoms. The tests that are ordered for you will also help your doctor pick the best treatment for you. The most common tests for LPR are the 24 hour pH monitoring with manometry, a barium swallow, and/or an esophagoscopy.

The 24 hour pH monitoring test is usually performed as an out-patient and takes 24 hours to complete. The test involves inserting a small tube through your nose into your esophagus. The tube is about the width of a spaghetti noodle and very flexible. This small tube has monitors which measure the amount of acid that backs up into your esophagus and throat. The tube is connected to a small computer box

**that you wear around your waist. It measures acid in your throat and esophagus. This 24 pH testing is the best test for LPR, and it can be of great help to your doctor to determine the best course of treatment for you.**

**The barium swallow is an x – ray test in which you swallow a chalky material called barium. This material can be seen on the x – ray. This test allows your doctor to evaluate how you swallow and show if there is a narrowing in your esophagus or any other abnormality in your throat or esophagus.**

**Esophagoscopy is a direct visual examination of the esophagus in which a flexible telescope is used to evaluate any abnormalities of the larynx, esophagus and upper portion of the stomach. This test is excellent for the evaluation of esophageal abnormalities associated with reflux.**

### **What Kinds Of Problems Can Be Caused By LPR And Are They Serious?**

**LPR can cause serious problems such as asthma, bronchitis, or choking problems. While uncommon, reflux has been associated with cancer of the esophagus, lung, throat, or voice box. Usually, cancer development is associated with smoking and excessive alcohol use.**

### **What Treatment Will The Doctor Recommend To Treat LPR?**

**Treatment for LPR should be individualized. Once the appropriate tests have been performed, your doctor will suggest the best treatment plan for you.**

- **Changing some of your lifestyle habits and diet to help reduce reflux.**
  - **Medications to help reduce stomach acid.**
    - **In severe cases of LPR where medications or lifestyle modifications have not helped, surgery can be used to cure reflux disease.**
- **Most people with LPR will need to modify how and when they eat, as well as take medication to get well. The medication may be over the counter antacids such as Maalox, Mylanta, and Gaviscon may be recommended and when used, they should be taken four times a day. Some people may experience LPR after meals and chewing dental gum may be very helpful. The type of gum that would be recommended would be a bicarbonate based gum.**

### **Will I Need LPR Treatment Forever?**

**Most patients who have LPR will require treatment some of the time. There will always be a few patients who will require treatment all of the time. There are instances where people can recover for months or years at a time and then experience a relapse. LPR is a chronic-intermittent disease. LPR does not usually cause serious problems, but if left untreated, LPR can become very serious.**

**For those people who have severe LPR and have failed the treatment with anti-reflux medication, surgery can be performed to tighten the lower esophageal sphincter. People who have this surgery usually get good relief from reflux for many years.**

#### **Helpful Tips For Reducing LPR:**

- **Control your lifestyle and your diet.**
- **Eat a low-fat diet- Limit your intake of eggs, cheese, chocolate, red meat, fried foods, and butter.**
- **It is recommended that you do not eat within 2-3 hours before you go to bed. In addition, do not lie down immediately after eating.**
- **You will need to limit caffeinated drinks, such as coffee, tea, and carbonated beverages**
  - **Avoid mint**
  - **Avoid alcoholic beverages, especially in the evening.**
  - **It is recommended that you do not wear clothing that is constricting especially around the waist.**
- **If you use tobacco, we ask that you QUIT. Smoking will make you reflux.**