

ENT

Laryngopharyngeal (silent) reflux (LPR)

What is LPR?

LPR is where the contents of your stomach up flow back up into your oesophagus (food pipe) and all the way to the throat and/or the voice box.

Stomach juices are made up of strong digestive acids, containing enzymes which break down our food. The stomach lining is designed to cope with these juices, but the voice box or throat is not. The stomach juices cause irritation in your throat, resulting in symptoms. It is often referred to as 'silent reflux' as many people do not experience heartburn or indigestion.

Acid reflux can occur during the day or night, even if a person hasn't eaten anything.

What are the symptoms?

- hoarseness/weakness of the voice
- excessive throat clearing
- chronic dry cough
- excess mucous/phlegm (particularly in the morning) in the throat
- bitter/nasty/ "acid" taste in the mouth
- difficulty in swallowing
- heartburn or indigestion
- feeling of a lump or tightness in the throat
- burning/dryness in the throat



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- sore throat
- occasional difficulty in breathing
- exacerbation of asthma - asthma is more difficult to control when complicated by reflux
- choking or coughing episodes, especially at night
- excessive burping, particularly during the day

How is LPR treated?

Treatment includes:

- making lifestyle and dietary changes to reduce the chance of reflux
- medications to reduce stomach acid
- surgery – this is occasionally recommended if medications are ineffective

What can I do to reduce LPR?

Changes in your lifestyle can help to reduce LPR.

Do

- take your reflux medication regularly as prescribed, without fail - missing even 1 day can cause further damage to your voice box
- Sit upright when eating
- squat to pick up objects - bend at the knees when you pick things up
- try to reduce your weight if you are overweight
- elevate the head of the bed at least 4 to 6 inches by putting blocks underneath the legs/base of the bed at the head end
- lie on your left side rather than your right
- try to stop smoking - ask about your local smoking cessation service
- minimise stress in your life

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Don't

- wear clothing that is too tight, especially around the waist, such as trousers, belts, or corsets
- bend over from the waist
- eat 'on the run'
- lie down, bend over or slump just after eating - do not eat 3 hours before going to bed
- use multiple pillows under your head - this can increase the pressure in your stomach, worsening your reflux
- strain, such as lifting heavy objects

Dietary changes

Do

- eat smaller meals more regularly - large meals result in increased acid production and put greater stress on the valve (sphincter) between the stomach and the food-pipe
- eat slowly, chewing each mouthful fully
- drink water, decaffeinated coffee/tea, and diluted squash
- limit alcohol intake - spirits, white and rose wine, and lager are more likely to cause reflux
- eat a low-fat diet
- eat natural yoghurts
- it may be helpful to chew gum containing bicarbonate of soda ("tooth whitening gum"), or drinking bottled, alkaline mineral water after meals

Don't

- eat too much spicy or fatty/greasy/fried food, chips, dairy products, pastry and chocolate
- eat and drink at the same time – instead, have a drink before/after meals
- drink too much tea, coffee, or fizzy drinks, especially cola

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- eat acidic foods such as tomatoes (including on pizza and spaghetti) and citrus fruits/juices, such as pineapple and oranges
- exercise immediately after a meal

What medications are used for LPR?

Antacids

Non-prescription 'over the counter' liquid antacids/alginate preparations (such as Gaviscon Advance). You may be asked to take these:

- after each meal **and/or**
- as the last thing you swallow before going to bed - do not have anything at all to eat or drink after taking it

Proton pump inhibitors (PPI's)

Acid blocking tablets which reduce stomach acid are also used. These tablets are called Proton Pump Inhibitors (PPI's) and must be prescribed by your doctor.

Types of PPIs include rabeprazole (Pariet), pantoprazole (Protium), lansoprazole (Zoton), omeprazole (Losec) or esomeprazole (Nexium)

- please use as directed by your doctor or pharmacist
- they should be taken half an hour prior to meals as advised

Other medications

Sometimes other medications such as ranitidine (Zantac) or cimetidine (Tagamet) are used especially for patients who cannot tolerate a PPI.

Important

Stopping reflux medications suddenly can result in increased LPR, so a 'step down' plan is recommended. This will be explained by your doctor, and it is important that you follow your doctor's advice.

How long will I need to take the medications for?

Tablets need to be used for several months to work, so be sure to arrange repeat prescriptions from your GP. Within 2 to 3 months of treatment, most patients report significant improvements. However, it takes 6 months or longer for the throat and voice symptoms to improve. It is therefore recommended that an initial treatment should be tested for approximately 6 months.

Will I need LPR treatment forever?

This depends on the individual. Usually, LPR improves with the appropriate treatment, but you need to:

- follow the recommendations you are given on lifestyle changes
- make the dietary changes that are recommended
- take your medication regularly as prescribed by your doctor
- remember, any decision to stop treatment should be made with your doctor's knowledge and consent

What is the role of surgery for managing LPR?

Surgery is occasionally required to tighten the valve between the stomach and the food pipe (oesophagus). This is especially in more severe cases where medications have not been effective. A form of keyhole surgery called "endoscopic fundoplication" is usually used.

Further information

If you have any questions or comments about this information sheet, please contact the team on 024 7696 5684.

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