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GASTROESOPHAGEAL REFLUX

fact sheet

What is gastroesophageal reflux?
Where the oesophagus (feeding tube or gullet) enters the stomach there is a layer of muscle called the lower oesophageal sphincter. This sphincter tightens after fluid or food has entered the stomach to prevent fluid or food going back up the oesophagus. When fluid or food goes back up into the oesophagus this is called gastroesophageal reflux. The stomach produces acid which may cause some discomfort/pain when reflux into the oesophagus occurs. The lower oesophageal sphincter is immature in babies, and to a certain extent nearly every baby has some degree of reflux. Many babies will "spill" or "spit up" after feeds, and this is normal.

Which babies are at risk of gastroesophageal reflux?
- Premature babies
- Babies with chronic lung disease
- Babies who were born with abnormalities of the gastrointestinal tract including tracheoesophageal fistula, malrotation, diaphragmatic hernia, gastroschisis and exomphalos
- Babies with developmental abnormalities

When is gastroesophageal reflux a problem?
Gastroesophageal reflux becomes a problem if:
- The baby gains weight poorly due to persistent vomiting
- The baby is continually irritable due to discomfort from reflux of acid
- The baby aspirates milk/fluid into their lungs (refluxing milk comes back up into the throat and spills into the windpipe).

What treatment is available for gastroesophageal reflux?
The majority of babies will not need any treatment for reflux. The simple measure of raising the head of the cot to an angle of 30-45 degrees is frequently all that is required. Some babies improve if their feeds are thickened with a feed thickener. Small frequent feeds may also reduce the amount of reflux an infant may have. If babies are irritable because of the discomfort of the acid reflux there are a number of medications that can be used. Mylanta is an antacid solution that can be given with feeds several times a day. Ranitidine and omeprazole are medications that decrease the acid production in the stomach. None of these medications stop the reflux from occurring, but they reduce the discomfort associated with the reflux of acid into the oesophagus. Babies who may be aspirating fluid/milk into the lungs will be treated with one of these medications to decrease the acid that may enter the lungs and cause damage. Some babies with severe reflux may need to be treated with continuous feeds for a period of time to decrease the discomfort as well as reduce any risk of aspiration of fluid/milk into the lungs. Continuous feeds involves the insertion of a naso-gastric tube (plastic tube that is inserted via the nose into the stomach) and the milk feeds infused by a pump over the 24 hour period. Sometimes the tube may be placed beyond the stomach into the first part of the bowel ("transpyloric tube"). In very severe and extreme cases surgery may be required.

Does gastroesophageal reflux get better?
The majority of babies with gastroesophageal reflux will outgrow the condition by about 3-6 months of age. This occurs because the baby is spending more time in the upright position, commenced on solids and the lower oesophageal sphincter gets stronger.

If you have any further questions please ask the medical or nursing staff.

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