

# MENTSAs

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## LARYNGOPHARYNGEAL REFLUX DISEASE (LPR)

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Laryngopharyngeal Reflux Disease, which is also called LPR, is a condition that develops when stomach acid travels up into your throat. Many patients tell us they are experiencing “heartburn” or “indigestion” when they actually are experiencing symptoms of LPR. Some of the more common symptoms of LPR include:

- Sensation of drainage down the back of the throat or excessive mucus in the throat
- Feeling of something caught in the throat, often with a tickling or burning sensation
- Frequent throat clearing
- Chronic cough
- Chronic runny nose
- Frequent sore throat
- Hoarseness
- Difficulty swallowing
- Prolonged vocal warm-up requirements in singers
- Loss of the high end of the vocal range in singers

### DIAGNOSIS OF LPR

Your doctor can usually diagnose LPR by examining your throat and vocal cords with special telescopes. The voice box is typically red, irritated and swollen from acid reflux damage. This type of swelling and inflammation commonly resolves with medical treatment over a few months.

In some cases, it is necessary for your doctor to order a *dual-channel pH probe test* to diagnose LPR. This involves placing a small tub (catheter) through the nose and down the swallowing passage (esophagus). The catheter works over 24 hour periods and measures the amount of acid that refluxed into the throat. This test is not often necessary, but can provide critical information in certain cases.

### TREATMENT OF LPR

LPR is well controlled with medications (*proton pump inhibitors* or PPIs) in most cases. Surgery may be needed in severe cases or those that don't resolve with medication treatment. The recommended surgery is called a *Laparoscopic Nissen Fundoplication* and is performed by a General Surgeon. Positive proof of reflux disease is needed first, generally by a pH probe study. With some patients, the esophagus (swallowing tube) must also be examined for pre-cancerous changes.

One of the first things you must do is make some changes in your lifestyle. Being overweight, smoking, and drinking alcohol are all factors that worsen reflux disease. **Many foods and drinks can make your symptoms worse, and it is important that these are eliminated.**

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1. **CUT OUT CAFFEINE.** Specifically, avoid coffee (highest caffeine content), tea, and caffeinated soft drinks. Soft drinks such as Coke and Pepsi are particularly bad since they are very acidic (pH of 2.3) and the carbonation leads to belching and further reflux of acid into the throat. Acidic juices like orange, grapefruit or cranberry can also worsen reflux.
2. **AVOID CHOCOLATE AND MINTS.**
3. **AVOID ALCOHOL,** especially in the late evening before bedtime.
4. **QUIT SMOKING.**
5. **ELIMINATE FRIED, FATTY, AND SPICY FOODS FROM YOUR DIET.** A low-fat diet is the best way to avoid reflux. Onions and garlic commonly cause reflux.
6. **LOSE WEIGHT** if you're overweight. Also avoid tight-fitting clothing.
7. **STOP EATING AT LEAST 3 HOURS BEFORE GOING TO BED.** Eating a very heavy meal just before going to sleep is especially bad for your reflux condition.
8. **TAKE THE MEDICINES YOUR DOCTOR HAS PRESCRIBED FOR YOU.** You likely will be prescribed a *proton pump inhibitor* drug (PPI) such as Nexium, Prevacid, Protonix, Prilosec or Aciphex. These drugs are typically prescribed to be taken twice each day, which is double the usual dose for routine reflux disease.

If you are taking a *proton pump inhibitor*, it is important to take your medicines 30 minutes to one hour before meals, usually before breakfast and dinner. The medicine is absorbed better if taken this way.

9. **ELEVATE THE HEAD OF YOUR BED 4 TO 6 INCHES** by placing wood or cinder blocks under the headboard of your bed. If your symptoms are worse in the morning, indicating active reflux at night, this step is important. Placing several pillows under your head does not substitute for raising the head of the bed; in fact it can make your problem worse. *This step is not necessary for 2/3 of our patients who experience daytime reflux disease.*

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