

TO MEDIA:

CONTACT PERSON: Robin Jennings,

Director, Communications

Excelsa Health

724-837-1781 TEL

724-516-4483 CELL

FOR IMMEDIATE RELEASE

**EXCELA HEALTH PHYSICIANS TO SPEAK
ON ACID REFLUX, ITS SIGNS, SYMPTOMS AND TREATMENT**

LATROBE, PA, March 5, 2010 ... Do you feel the burn? Nearly 25 million adults suffer daily from heartburn and/or experience severe reflux.

Learn the difference between common heartburn and Gastroesophageal Reflux Disease (GERD), the signs and symptoms, triggers and the variety of treatment options available with board certified gastroenterologist William Provance and board certified general surgeon Lorenzo Bucci, MD, who will present *Acid Reflux: Signs, Symptoms and Treatment*, 6:30 p.m., Tuesday, March 16, Auditoriums A and B, First Floor, Latrobe Hospital.

According to Dr. Provance, a member of Westmoreland Digestive Disorders on staff at Excelsa Health, tell-tale signs of heartburn are an uncomfortable burning sensation in the chest and throat, and the acidic, sour taste in the mouth.

“While these symptoms occasionally happen to many of us, if you’re regularly taking antacids more than twice a week or your heartburn keeps you up at night, it may mean you have GERD, a more serious, chronic condition in which acid from the stomach backs up into the esophagus.”

Heartburn, while a symptom of GERD, has different triggers for different people, including certain foods, medications, obesity, or even stress. Knowing the triggers will help in identifying a prevention strategy or effective remedies to prevent the acid reflux from worsening.

Most people can manage the discomfort of heartburn with lifestyle and diet changes and over-the-counter medications. But for people with GERD, these remedies may offer only temporary relief. People with GERD may need stronger medications, even surgery, to reduce symptoms.

According to Dr. Provance, if left untreated, GERD can lead to serious complications, such as chronic irritation and inflammation that can result in bleeding, narrowing of the esophagus and a potentially precancerous condition called Barrett's esophagus.

Beyond heartburn, symptoms of GERD can include stomach pain (pain in the upper abdomen), non-burning chest pain, difficulty swallowing, persistent hoarseness, persistent sore throat, chronic cough, new onset asthma, or asthma only at night, regurgitation of foods/fluids; taste of acid in the throat, sense of a lump in the throat, worsening dental disease; recurrent pneumonia, chronic sinusitis and waking up with a choking sensation.

"While heartburn can be common, there are some symptoms that indicate a more serious problem. If you are experiencing difficulty or pain with swallowing or the feeling that food gets 'stuck' in your throat, unexplained weight loss, chest pain, choking or bleeding as in vomiting blood or producing dark-colored stools, see your doctor or seek medical treatment immediately," noted Dr. Provance.

Meanwhile, Dr. Bucci, a partner in Latrobe Surgical Associates, advises, "If symptoms do not improve with lifestyle changes or medications, you may need additional tests to determine if you have GERD, a hiatal hernia or other structural or anatomical problems of the esophagus."

Some common tests used include the barium swallow radiograph, an upper endoscopy and pH monitoring examination.

While each of these tests has advantages, the pH monitoring is the "Gold Standard" in determining if a person has GERD.

"This examination involves inserting a small tube into the esophagus or clipping a tiny device to the esophagus that will stay there for 24 to 48 hours. As you go about your normal activities, it measures when and how much acid comes up into your esophagus," explained Dr. Bucci

This test can be useful if combined with a carefully completed food diary — recording when, what, and amounts the person eats — which allows the doctor to see correlations between symptoms and reflux episodes. The procedure is sometimes helpful in detecting whether respiratory symptoms including wheezing and coughing, are triggered by reflux. Endoscopic treatments such as endoluminal suturing or radiofrequency ablation are being developed and used more frequently.

“Surgery is a last resort option when medicine and lifestyle changes do not help to manage GERD symptoms,” Dr. Bucci noted. “It may also be a reasonable alternative to a lifetime of drugs and discomfort. Typically this surgery is performed laparoscopically.”

Two common procedures include Nissen fundoplication (full wrap) or Toupet fundoplication (partial wrap). With these procedures, the upper part of the stomach is wrapped around the lower esophageal sphincter to strengthen the sphincter, prevent acid reflux, or repair a hiatal hernia.

“When performed by experienced surgeons, laparoscopic fundoplication is safe and effective in people of all ages, including infants. Patients typically can leave the hospital in one to three days and return to work in two to three weeks,” describes Dr. Bucci.

To register for this seminar, contact Excelsa Health’s Call Center toll free, 1-877-771-1234 or visit www.excelahealth.org.