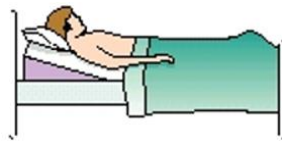


Treatment of Laryngeal and Esophageal Reflux

BED

1. Elevate the head of your bed by using a foam wedge or placing a 4–6-inch block under each leg at the head of your bed. The goal is to raise the larynx (voice box) above the stomach. Elevating your head with pillows is not effective.



6-8 inches foam wedge



4-6 inches block

2. Sleep on your left side to keep the curve of the stomach lower than the throat.

DIET

1. Low fat diet.
2. Smaller, more frequent meals.
3. Avoid the following:
 - a. Regular and decaf. coffee, tea, cola, or other caffeinated beverages.
 - b. Alcohol.
 - c. Chocolate.
 - d. Peppermint.
 - e. Any food you have found that causes heartburn.
4. Do not eat for at least 2 hours before lying down or reclining.

TOBACCO – Stop or decrease smoking and/or chewing tobacco products.

WEIGHT – Reduce to ideal weight.

MEDICATION

1. Antacids (such as Maalox, Mylanta, Alternagel, Amphogel or Gaviscon).
 - a. Take as directed 30 minutes after each meal and at bedtime.
 - b. Excessive amounts of Maalox or Mylanta can cause diarrhea. Limit your intake to 1-2 Tbsp. at a time or try Alternagel or Amphogel.
 - c. The most important doses are after supper and at bedtime.
2. Famotidine 20 mg. Take one tablet 30 minutes before breakfast and one tablet 30 minutes before evening meal.

OR Proton Pump Inhibitors (PPI)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Omeprazol | <input type="checkbox"/> one tablet 20-60 minutes before breakfast. |
| | <input type="checkbox"/> one tablet 20-60 minutes before supper. |
| | <input type="checkbox"/> one tablet 20-60 minutes before breakfast and supper. |

3. Limit to 3-6 months to avoid bone loss, anemia, infections. Discuss with PCP or GI MD for long term use.

4. Ask your pharmacist if this will interfere with any of your prescription medication.
5. When you are ready to go off the PPI, you must taper yourself off over 1-2 weeks. For example:

Week 1 – Continue taking the am dose daily but take the evening dose every other night for one week.

Week 2 – Take just the am dose.

Week 3 – Take am dose, or if going off, take it every other day for several days, then stop.

Call your doctor if no improvement in 8-12 weeks unless otherwise directed. Follow-up with your PCP in 3 months and consider a referral to a Gastroenterologist if symptoms fail to improve in 6 months.

The above measures are not necessarily permanent. At the discretion of your physician, these measures may be modified or omitted after a sufficiently long symptom-free period.

