Get the Dish on Reflux: a Q&A with Dr. Mark Onaitis

By Yadira Galindo | October 26, 2016

'Tis the season for peppermint mochas, eggnog cheesecake dip, baked Brie bites and other overindulgences at well-stocked holiday parties. As you reach for your second or third helping at the buffet table, you might feel that familiar discomfort in your stomach and self-diagnose yourself with heartburn or acid indigestion. Perhaps you'll then reach for an over-the-counter medications for relief. If the reprieve is only temporary – or the symptoms become worse or more frequent – it may be time to see your physician.

Heartburn is the most common symptom of a digestive disorder known as gastroesophageal reflux disease, or GERD. When the muscle at the bottom of the esophagus, called the lower esophageal sphincter (LES), opens or relaxes too often or for too long, stomach acids back up into the food pipe, causing heartburn. GERD can become a chronic condition, and some foods are particularly problematic for people with GERD, such as peppermint, chocolate, fried and fatty foods, alcohol, citrus, tomato products and caffeinated drinks.

Mark W. Onaitis, MD, is a board-certified thoracic surgeon who specializes in malignant and benign conditions of the chest, including gastroesophageal reflux, esophageal cancer, lung cancer, thymic malignancy, achalasia, paraesophageal hernia and myasthenia gravis. We asked him to explain GERD and treatment options.

Question: How do you distinguish GERD from indigestion?

Answer: Indigestion and GERD can be difficult to distinguish, and we often rely on other aspects of the patient's history to help. If a patient has frequent heartburn, a brackish taste in the throat, emesis (vomiting) when bending over to tie shoes, then the diagnosis is almost certainly reflux. If reflux is suspected, our gastroenterology colleagues can diagnose it by measuring acid levels in the esophagus over 24 hours. Other important aspects of a GERD diagnosis, with implications for treatment, are severity of symptoms and frequency of symptoms.

Q: What's the best treatment for this disease?

A: The best treatment for GERD is individualized to each patient. If the symptoms are mild, lifestyle changes, such as weight loss or avoidance of caffeine and chocolate, and/or over-the-counter or prescription acid-blocking medications can be effective therapies. However, many patients are averse to taking long-term medication. In addition, if Barrett's esophagus (which is associated with reflux disease) or reflux-induced esophagitis or stricture or a significant paraesophageal hernia are present, then operative treatment may be beneficial. This involves minimally invasive surgery (either laparoscopy or robotic surgery) to repair the gastroesophageal junction region and prevent reflux. The most common operation is called a Nissen fundoplication.

Q: Is there a link between GERD and esophageal cancer?

A: Chronic GERD is associated with Barrett's esophagus, a premalignant lesion to adenocarcinoma of the gastroesophageal junction. For this reason, we recommend endoscopy as part of the diagnostic algorithm. If Barrett's is found, it is surveyed by endoscopy with regular biopsies to make sure that malignant cells are not present. In some cases, the Barrett's esophagus or early cancer may be treated with the endoscope without having an operation to remove part of the esophagus.

Q: Is GERD curable?

A: GERD is curable with an operation, but the patient must always be vigilant about recurrent symptoms.

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