

## St. Luke's - Roosevelt Hospital Center

# Not just heartburn

EVERYONE GETS heartburn — or acid reflux — periodically. When it doesn't go

away, patients may be facing the condition known as GERD (gastroesophageal reflux disease). It's estimated that 60 million Americans experience GERD once a month.

When over-the-counter medications fail, doctors generally prescribe H2 blockers (e.g., Zantac and Pepcid) which interfere with the stimuli that causes acid to be secreted, or PPIs, proton pump inhibitors (e.g., Prilosec and Prevacid) that inhibit the formation of acid.

A few weeks on these drugs often provides total relief for patients. Jerald Wishner, M.D., F.A.C.S., director of laparoscopic surgery at St. Luke's-Roosevelt Hospital Center, says that "if you had 100 patients with GERD, about 45 percent would be fine after 4 to 6 weeks on a PPI."

Unfortunately for many, relief doesn't last. William P. Winkler, M.D., a gastroenterologist at St. Luke's-Roosevelt says, "There's an increasing number of patients with reflux disease that's difficult to control. Patients need higher doses of medication and the relapse rate is higher." He adds, "if there's a rapid recurrence of their symptoms, or if secondary symptoms develop, it's time for a more formal evaluation."

At St. Luke's-Roosevelt, that formal evaluation includes a test Dr. Winkler calls "the gold standard": a 24-hour ambulatory pH monitor. "It's a miniaturized pH probe; a narrow, flexible wire, that's passed through the nose, down the throat and it dangles about five centimeters above the muscle designed to prevent reflux." The patient wears it for 24 hours and the recorder notes any drop in pH (which indicates a rising acid level). Dr. Winkler admits it's uncomfortable, but it's still the best way for doctors to conclusively diagnose reflux.

Some patients seek help through Dr. Wishner's specialty, laparoscopic surgery. For some of them, there's no

choice; the medication simply isn't working. For others, the issue involves quality of life. "They may feel great on medication, but they're 32 and don't want to take it for the rest of their life." They also

lead active lifestyles and don't want to watch everything they eat on vacation, or elevate the bed, or deal with numerous other issues to contain the reflux.

Dr. Wishner usually performs one of the newest forms of minimally invasive surgery, called Nissen fundoplication, on these patients. "We make about five incisions of about one half inch to three quarters of an inch. The operation wraps the stomach around

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