



GASTROESOPHAGEAL REFLUX (GER)

WHAT IS IT?

Gastroesophageal Reflux, also called GER or reflux, is a backward flow of stomach contents into the swallowing tube (esophagus). It is a common condition in infants and children, especially in the first year of life and improves as the child gets older. It presents as effortless vomiting in small or larger amounts and may be accompanied by irritability or colic.

WHAT CAUSES IT?

The main cause is frequent relaxations of the muscle between the esophagus and stomach. Infants frequently have an immature muscle because it has not finished developing, which generally gets stronger with age. In the vast majority of cases, infants will outgrow GER provided they gain weight satisfactorily and do not have any other medical complications.

Although vomiting is a sign most often noted, some infants never spit up. Parents can notice their infant swallowing frequently and may hear gurgling noises in their throat.

Complications related to reflux include:

1. Inflammation in the swallowing tube (which is caused by acid from the stomach contents)
2. Weight loss; some infants may vomit so much that they do not keep enough food down to gain weight and grow
3. Respiratory problems: the child may breathe the stomach contents into the airway (aspiration), which may lead to pneumonia
4. Anemia: the esophagus may be so inflamed that it bleeds in severe cases of irritation of the swallowing tube (esophagus).

HOW DO WE TREAT IT?

Treatment is dependent on the severity of GER. For mild reflux, feeding and positioning play an important role. Smaller and more frequent feeding may help decrease reflux. Keeping the child upright for 20-30 minutes after feeding is another way to control reflux. Additionally, thickening formula with rice cereal may be recommended. Avoidance of tight diapers and clothing may also be helpful. Furthermore, infants should not be collapsed or bent into infant car seats as this may increase GER.

Medications may be used with some children who experience reflux. One medication reduces the amount of acid in the stomach. Another medication helps the stomach empty faster and strengthens the muscle between stomach and esophagus. Rarely, infants require a supplemental feeding tube with continuous feedings to treat reflux, when other medications and measures have failed. Lastly, surgery is the final resort for those experiencing severe reflux with complications that fail medical therapy.

It is important to follow the recommendations provided by your doctor and remember that a combination of the above therapies may be required.