

# Gastro-oesophageal Reflux in Children

## **Children's Services**

Lincoln County Hospital

Pilgrim Hospital, Boston

Grantham and District Hospital

[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

## **Aim of the leaflet**

This leaflet aims to provide parents with information and treatment for gastro-oesophageal reflux in children.

## **Introduction**

Reflux is the stomach contents (acid with food/milk) escaping from the stomach into the food pipe. This can flow all the way back up to the mouth causing sickness.

## **What causes reflux?**

Weak/poor functioning of the ring of muscle which guards the upper end of the stomach. It usually opens to allow swallowing and then closes. If the muscle is relaxed in between, then it allows food and acid to escape. As babies grow, the muscle becomes stronger and vomiting stops.

## **How serious is reflux?**

Most young babies (about 65%) regurgitate some milk, especially with wind after meals. Reflux only becomes problematic when the child shows complications i.e. weight loss, irritability, aspiration into lungs.

## **What are the symptoms of reflux?**

Regurgitation, vomiting, failure to thrive, frequent chest infections, cough, wheeze, stridor, stopping breathing for a period of time.

## **How is reflux diagnosed?**

Most often the diagnosis is based after clinical examination. Most children do not need a test to confirm the diagnosis.

## **What are the possible complications of reflux?**

Few babies develop complications. Some can show weight loss/poor growth because food is lost due to vomiting. Some babies can develop frequent chest infections due to aspiration into lungs. Another problem is pain from the acid flowing into the food pipe, leading to inflammation (oesophagitis) and this can cause pain and feeding problems.

## **What are the symptoms of oesophagitis?**

Swallowing difficulty, lower chest pain, heartburn, general irritability, feeding problems and rarely - bleeding and obstruction of food pipe due to scarring.

## **What is the treatment?**

Babies should be positioned upright when feeding, be winded frequently and have smaller feeds more often. They need to be positioned after feeds with the head of the cot raised (30°), so gravity can help keep the food in the stomach. Adequate calories need to be given, including compensatory feeds to replace those lost due to vomiting.

## Medicines which are used to treat reflux

- Neutralise the stomach acids such as Gaviscon.
- Decrease acid production such as Ranitidine.
- Block acid production such as Omeprazole.

Most children will grow out of reflux in the first year of life as the stomach muscle becomes stronger and need nothing more than careful positioning and feeding. Medicines may need to be continued for a few months.

Following discharge from the ward if you are concerned, it is important that your child is seen by a doctor.

Telephone:

Safari Day Unit, Lincoln	01522 573172
Rainforest Ward, Lincoln	01522 573786
Children's Ward, Boston	01205 445563

## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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