



### 您有疑问吗？

我们很重视您的疑问。当有疑问或顾虑时，请致电您的医生或医护人员。华大医院诊所的工作人员也可随时给您协助。

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## 病人教育

耳鼻喉科—头颈外科中心



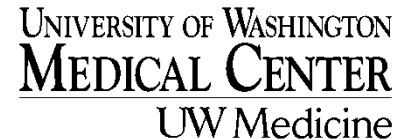
# 沉默的逆流： 咽喉的逆流症

病徵、症状及治疗

此讲义为您解说逆流症的徵兆、症状及治疗法、它又被称为：咽喉反流症。

逆流是胃液倒流到食道（吞咽的管道）及咽喉。胃液含胃酸及特殊的酶可以分解食物。胃部有特殊的胃壁、可以抵制胃酸及消化酶。但是食道及咽喉却没有。因此胃酸逆流时即会伤及食道及咽喉。

咽喉的逆流症就是胃酸倒流到声带或咽喉。它与胃酸逆流症不同。胃酸逆流症是胃酸仅反流到食道。



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治疗咽喉反流症的专科医生即是耳鼻喉专科医生（诊治耳朵、鼻子及咽喉的医生）。您的医疗组包括-耳鼻喉专科医生、家庭医生、消化科医生及外科医生-会一起来诊断及治疗。

## 咽喉的逆流症其徵兆、症状

并非每位有咽喉逆流症的病人都会有烧心、消化不良或感到食物反刍（胃里半消化的食物反馈到口中）。也因为这情形、我们称它为*沉默的逆流症*。大约百分之六十的人（100 人内有 60 人）虽然有咽喉逆流症却无这些症状。也因此咽喉逆流症较难诊断。

但是咽喉及声带对胃酸是很敏感的。即使有很少量的逆流也可伤到或刺激此部位的组织。也可影响到肺腔及呼吸。

咽喉逆流症的症状：

- 长期的嗓子沙哑
- 经常要清喉咙
- 长期咳嗽
- 喉咙内有块东西堵着
- 喉咙痛或吞咽困难
- 鼻子及喉咙流液
- 食物卡在喉咙里
- 经常呛到

有时会嗓子沙哑、可能白天会较严重。您可能鼻子及喉咙会有大量的流液、或有痰液、痰积留。或突然不能呼吸、或半夜气喘不过来。也可能觉着烧心。

- 床的头部以楔型夹垫增加高度。它也使床加长、可到卖海绵垫的店里买。将床头垫高、即可借助地心吸引力将食物存留在胃里、避免它逆流到声带。
- 如您抽烟、则请戒烟。
- 饭后不要躺卧。睡前 3 小时不要进食。
- 吃低脂的食物。红肉及奶油要限量。避免油炸的食物、巧克力、芝士、及蛋类。
- 避免辛辣或酸性的食物及饮料。
- 避免留兰香和薄荷。
- 避免咖啡因、特别是咖啡、茶及气水（特别是可乐）。
- 避免含酒精的饮料。
- 不要超食。
- 如您体重过重、请减肥。
- 在逆流发作时避免弯腰或屈身捡东西、因为它会让逆流更严重。而应该先弯膝、使身体低下来。不要从腰部弯下。
- 穿腰部宽松的衣服。
- 避免出力或抬重物。
- 最少在饭后 90 分钟才做锻炼。
- 学习新的方法来应对生活的压力。

- **手术：**如您有很严重的逆流症、或您无法服用抗逆流的药、您的医生可能会考虑做胃部喷门手术。很多做过这手术的病人多年不再发逆流症。

## 治疗期的长短

沉默逆流症的患者大多数须要某种型式的治疗。有些病人需要一直吃药。有些病人在完全治疗好后几个月或几年、却又再发病。

患上沉默逆流症就如患了高血压一样。治疗后一般不再会出严重的状况。但是如不予治疗沉默逆流症可变得很严重。可引起的常期症状有：

- 出现喉呛的情况
- 引发呼吸道的疾病如哮喘、支气管炎或气管窄狭
- 声音改变
- 食道受损

## 减少逆流的贴士

- 遵照医生的指示服药。早餐、晚餐前 30 至 40 分钟服药。
- 将床头加高 4 至 6 英寸。不要加枕头、因为它会给腹部加太多压力。而且枕头可能导致颈部背部疼痛。应该用木块、砖块或旧的书本将床头的床脚垫高、使整个床呈斜角。睡时用 一个枕头。

如您有任何这种症状、就该告诉您的医生、特别是您抽烟的话。您应该做个喉部的检查、看一下您的声带。如这部位看来红肿、您就可能得了沉默逆流症。

## 沉默逆流症的检测

医生可能建议做不同的检测来诊断您是否得了沉默逆流症。这些检测可以确认沉默逆流症没有造成任何损伤。它也可帮助您的医生选择对您最有效的治疗法。

### 酸度/阻抗的检测

它是一个需要 24 小时的测试。是以一特殊的检测器来测量逆流到喉部的胃酸。不会痛但有些不便。

将一细小的、柔软的导管由鼻内通到食道。此导管附带一个小的电脑。您要 24 小时戴在腰边来记录数据。

### 压力表

此测试是将一细小、柔软的导管由鼻内通到食道、然后请您喝水。此测试大约需时 30 分钟、可以测出您吞咽的强度及所需要的时间。一般是在做酸度/阻抗的检测前做。

### 食道镜

食道镜是以窥镜放入食道来检测食道内膜有无被胃酸损伤。

- 如是由您的耳鼻喉科的医生来做食道镜、就会在医生的诊所做。您可坐在椅子上、食道镜由鼻孔进入。也不需使用镇静剂。
- 如是由不同的医生来做、您就需要使用镇静剂、让您躺着再由口腔插入食道镜。

### 吞钡测试

吞钡测试是一种使用 X 光的测试。负责 X 光的技师在您吞咽白垩状含钡的液体同时以 X 光拍摄食道。此测试是检查吞咽的情况。它可显示您的喉咙有没有变窄狭、或有无任何不正常。

### 其他医生的意见

您的耳鼻喉科的医生也可能与其他的医生讨论您测试的结果。如肺科专医（肺脏的专科医生）肠胃专医（消化系统的专科医生）或外科医生、消化系统的手术医生。

### 沉默逆流症的治疗

您的医生将与您讨论最适合于您的治疗法。大多数沉默逆流症的患者必须改变他们的饮食、及进食的时间。有时尚需服药。

治疗沉默逆流症包括：

- **改变生活习惯**、如改变饮食来减少胃酸逆流。

- **降低胃酸的药物**也是需要的。通常仅仅改变饮食及生活习惯是不足以控制胃酸逆流。下面是一些这类的药物：
    - **非处方的抗酸药**：Maalox, Gelusil, Gaviscon, Mylanta, and Tums。等等。此类药物需要每天 4 次在饭前 1 小时及睡前服用、每次 1 大汤匙或 2 片。
    - **非处方的降酸药**：Zantac75, Pepcid AC, Axid AR, and Tagamet HB. 此类药物需要每天服用两次或您有症状时服用。
    - **处方的降酸药**：Zantac (ranitidine), Pepcid (famotidine), Axid (nizatidine), 及 Tagamet (cimetidine)。
- 此类药物必须在空腹时服用。他们一般是一天 2 次或睡前服用。饭前 30 至 45 分钟前或饭后 3 小时。
- **处方质子泵抑制剂**：Prilosec (omeprazole), Prevacid (lansoprazole), Protonix (pantoprazole), Nexium (esomeprazole), Aciphex (rabeprazole), 及 Zegerid (omeprazole plus sodium bicarbonate)。

此类药物是最强劲的降胃酸药。**必须**每天服用。早餐及/或晚餐前 30 至 45 分钟服用。您的医生可能指定每日一次或两次。

## Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. Clinic staff are also available to help.

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# Silent Reflux: Laryngopharyngeal Reflux Disease

*Signs, symptoms, and treatments*

**This booklet explains the signs, symptoms, and treatments for silent reflux disease, also called laryngopharyngeal reflux (LPR).**

*Reflux* occurs when stomach juice flows up into the *esophagus* (swallowing tube) and throat. This stomach juice contains acid and special enzymes to break down food. The stomach has a special lining that can resist the acid and digestive enzymes, but the esophagus and throat do not. Stomach juice can damage the esophagus and throat when reflux occurs.

*Laryngopharyngeal reflux* (LPR) occurs when stomach juice flows into the voice box or throat. This is different than gastroesophageal reflux disease (GERD), when the refluxed stomach juice flows into the esophagus only.

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**The specialist who most often treats people with LPR is an otolaryngologist (ear, nose, and throat doctor). Your health care team – your otolaryngologist, family doctor, gastrointestinal doctor, and surgeons – will work together to diagnose and treat your problem.**

### Signs and Symptoms of LPR

Not all people with LPR have heartburn, indigestion, or the feeling of *regurgitation* (the return of partly-digested food from your stomach to your mouth). This is why we call it *silent reflux disease*. About 60% of people (60 out of 100) with LPR never have these symptoms. This makes LPR hard to diagnose.

But, the throat and voice box (*larynx*) are very sensitive to stomach acid. Even small amounts of reflux can cause injury and irritation to these body tissues. It can also affect your lungs and breathing.

The symptoms of LPR are:

- Chronic hoarseness
- Throat-clearing
- Chronic cough
- A feeling of a lump in your throat
- Throat pain or difficulty swallowing
- Nose and throat drainage
- Food sticking in your throat
- Choking episodes

Hoarseness may come and go, and it may be worse during the day. You may have a lot of drainage from your nose and throat, or you may have too much mucus or phlegm build up. You may also have feelings of suddenly being unable to breathe, or you may wake up gasping at night. You may also have heartburn.

- A full bed wedge is another option. These should extend the length of your bed. They can be bought at a foam shop. A bed wedge uses gravity to keep your stomach contents in your stomach and prevent reflux to the voice box.
- If you smoke, stop.
- Do not lie down after eating. Do not eat within 3 hours of bedtime.
- Eat a low-fat diet. Limit red meat and butter. Avoid fried foods, chocolate, cheese, and eggs.
- Avoid spicy or acidic foods and drinks.
- Avoid spearmint and peppermint.
- Avoid caffeine, especially coffee, tea, and soda pop (especially cola).
- Avoid alcoholic drinks.
- Do not overeat.
- If you are overweight, lose weight.
- Avoid bending and stooping when you are having an episode of reflux, as this can make it worse. Instead, bend your knees to lower your body. Do not bend from the waist.
- Wear clothing that is loose around your waist.
- Avoid straining and lifting heavy objects.
- Eat at least 90 minutes before you exercise.
- Learn new ways of coping with stress.

- **Surgery:** If you have severe silent reflux disease, or if you cannot take reflux medicine, your doctor may advise you to have surgery on your stomach valve. Most people who have this surgery have relief from silent reflux disease for many years.

### Length of Treatment

People with silent reflux disease need some form of treatment most of the time. Other people need treatment all of the time. Some people recover completely for months or years, and then symptoms may return.

Having silent reflux disease is a like having high blood pressure. With treatment, it does not usually cause a serious medical problem. But, without treatment, silent reflux disease can be serious. Some of the long-term problems are:

- Choking episodes
- Breathing problems such as asthma, bronchitis, or narrowing of the windpipe
- Voice changes
- Damage to your esophagus

### Tips for Reducing Reflux

- Take your medicines as prescribed by your doctor. Take them 30 to 45 minutes before your morning and evening meals.
- Raise the head of your bed 4 to 6 inches. Do not use pillows, as this will place too much pressure on your stomach area. Using pillows can also cause neck and back pain. Instead, place blocks, bricks, or old books under the head of your bed so that the entire bed is at an angle. Use only 1 pillow for your head.

If you have any of these symptoms, talk with your doctor, especially if you smoke. You should have a throat exam to look at your voice box. If the area looks swollen or red, you may have silent reflux disease.

### Tests for Silent Reflux Disease

Your doctor may recommend different tests to confirm that you have silent reflux disease. These tests will assure that you do not have any damage from the reflux. They will also help your doctor choose the best type of treatment for you.

#### *pH/Impedance Monitoring*

This is a test that takes 24 hours to complete. A special probe is used to measure the reflux of gastric juice in your throat. It is not painful, but it can be annoying.

You will have a small, soft, flexible tube placed into your esophagus through your nose. This tube will be connected to a small computer box that you wear around your waist for 24 hours to collect data.

#### *Manometry*

For this test, a small tube is placed through your nose and into your esophagus. You will then be asked to swallow water. The test will show the strength and timing of your swallowing. This test takes 30 minutes and usually is done before pH/impedance testing.

#### *Esophagoscopy*

In an *esophagoscopy*, a scope is placed in your esophagus to look for damage to the lining caused by stomach juice acid.

- If your esophagoscopy is done by your *laryngologist*, it will be done in the doctor's office. You will sit in a chair and the scope will be placed in your nose. You will not need sedation.
- If your esophagoscopy is done by a different doctor, you will be sedated and lying down. The scope will go through your mouth.

### **Barium Swallow**

A barium swallow is an exam that uses X-rays. The technologist will take X-ray images of your esophagus as you swallow a chalky liquid that contains barium. This test will check your swallowing. It will also show if your throat has any narrowing or is abnormal in any other way.

### **Other Consults**

Your laryngologist may talk with other doctors about your test results. These doctors may include a *pulmonologist* (a doctor who specializes in lungs), a *gastroenterologist* (a doctor who specializes in the digestive system), or a surgeon who specializes in surgery of the digestive system.

### **Treatment for Silent Reflux Disease**

Your doctor will talk with you about the best treatment for you. Most people with silent reflux disease need to change what and when they eat. Sometimes medicine is needed, as well.

Treatment for LPR often includes:

- **Lifestyle changes**, such as changing your diet to reduce reflux.

- **Medicines that lower stomach acid** are also usually needed. Diet and lifestyle changes alone are often not enough to control the reflux. Some of these medicines are:

- **Non-prescription antacids:** Maalox, Gelusil, Gaviscon, Mylanta, and Tums. These should be taken 4 times a day, 1 tablespoon or 2 tablets, 1 hour after each meal and before bedtime.
- **Non-prescription h<sub>2</sub> blockers:** Zantac75 , Pepcid AC, Axid AR, and Tagamet HB. These medicines should be taken 2 times a day or when you have symptoms.
- **Prescription h<sub>2</sub> blockers:** Zantac (ranitidine), Pepcid (famotidine), Axid (nizatidine), and Tagamet (cimetidine).

These medicines should be taken on an empty stomach. They are usually taken either 2 times a day or at bedtime. Take them 30 to 45 minutes before meals, or 3 hours after meals.

- **Prescription proton pump inhibitors:** Prilosec (omeprazole), Prevacid (lansoprazole), Protonix (pantoprazole), Nexium (esomeprazole), Aciphex (rabeprazole), and Zegerid (omeprazole plus sodium bicarbonate).

These are the strongest medicines available for reducing stomach acid. They **must** be taken regularly every day, 30 to 45 minutes before your morning and/or evening meal. Your doctor may prescribe them to be taken once or twice a day.