



Reflux and heartburn (GERD)

When stomach contents come back up into the gullet

PE-GIC-01

Reflux is very common and usually controllable. Weight, meal timing and the right use of acid-reducing medicine make the biggest difference. A small group of symptoms needs prompt assessment, and they are listed below.

What is it?

Gastro-oesophageal reflux disease (GERD) happens when acid and stomach contents flow back up into the oesophagus (gullet), the tube that carries food from the mouth to the stomach. A ring of muscle at the lower end of the gullet normally acts as a valve. When it relaxes at the wrong time, or when there is a hiatus hernia (part of the stomach sliding up through the diaphragm), reflux becomes more likely.

Occasional heartburn after a large meal is normal. It becomes GERD when symptoms are frequent, troublesome, or cause damage to the lining of the gullet.

What makes it more likely?

- Being overweight, especially around the waist
- Large or late meals, and lying down soon after eating
- Smoking and shisha
- Pregnancy
- A hiatus hernia
- Some medicines, such as anti-inflammatory painkillers, some blood pressure tablets and some sleeping tablets
- Personal triggers, which differ between people: fatty or fried food, chocolate, mint, fizzy drinks, coffee or strong tea, citrus or tomato

Symptoms

- Heartburn: a burning feeling behind the breastbone, often after meals or at night
- Regurgitation: acid or food coming up into the throat or mouth
- A sour taste, especially in the morning
- Less typical symptoms: chronic cough, hoarse voice, throat clearing, chest pain, or worse asthma at night

Chest pain should never be assumed to be reflux until the heart has been considered, especially if it comes on with exertion.

Tests

Most people with typical symptoms do not need tests at first and are treated directly. Your doctor may arrange:

- Gastroscopy (upper endoscopy) if there are warning symptoms, if symptoms do not respond to treatment, or if you have had symptoms for many years
- 24-hour acid (pH) monitoring if the diagnosis is uncertain or surgery is being considered
- Oesophageal manometry before any reflux operation

Treatment

Lifestyle measures come first and help everyone. The three with the best evidence are losing excess weight, finishing your last meal at least three hours before lying down, and raising the head of the bed (with blocks or a wedge, not extra pillows) if symptoms are at night. Stopping smoking also helps.

Medicines:

- Antacids and alginates (such as Gaviscon) for quick relief of occasional symptoms
- Proton pump inhibitors (PPIs), such as omeprazole or esomeprazole, are the most effective treatment. Take them 30 to 60 minutes before breakfast (or before the evening meal if prescribed twice daily), not at bedtime
- After symptoms settle, the aim is the lowest dose that controls them. Some people can take a PPI only when needed; others with damage to the gullet need it long term. Do not stop suddenly after long use, as symptoms can rebound for a few weeks; reduce gradually with your doctor

Surgery or endoscopic procedures are considered for a small number of people whose reflux is proven by testing and who cannot take, or do not respond to, medicines.

Possible complications

- Inflammation or ulcers in the gullet (oesophagitis)
- Narrowing (stricture), which can make swallowing difficult
- Barrett's oesophagus: a change in the lining that needs periodic endoscopic checks because of a small long-term cancer risk

Get urgent medical care if you have

- Difficulty or pain when swallowing, or food sticking
- Vomiting blood or passing black stools
- Weight loss without trying
- Persistent vomiting
- New symptoms starting after age 60
- Chest pain with breathlessness, sweating, or pain spreading to the arm or jaw: call emergency services

Common questions

Is long-term PPI treatment safe?

For people who need it, the benefits usually outweigh the risks. Some possible associations (such as low magnesium or B12, or bone thinning) are uncommon, and many reported links come from studies that cannot prove cause. The sensible approach is to use the lowest effective dose and review the need regularly with your doctor.

Should I avoid a long list of foods?

No. Avoid only the foods you personally notice make your symptoms worse. Blanket bans make eating harder without helping most people.

Does milk help heartburn?

It soothes briefly, but it can then stimulate more acid. It is not a treatment.

Will reflux turn into cancer?

Very rarely. Most people with reflux never develop a serious complication. Long-standing symptoms, especially in men over 50 with other risk factors, may be a reason for a one-off gastroscopy, which your doctor will discuss with you.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

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