Silent Reflux Can Cause...

- Hoarseness
- Trouble swallowing
- Too much throat mucous
- Excessive throat clearing
- A lump in the throat
- Chronic cough
- Breathing problems
- Voice box scarring
- Post-nasal drip

What is Silent Reflux? What is Laryngopharyngeal Reflux?
Laryngopharyngeal Reflux is a term coined by Dr. Jaime Koufman to refer to the backflow of food or stomach acid coming all the way back up into the larynx (the voice box) or the pharynx (the throat). This can occur day or night, even if a person hasn't eaten anything. LPR is also sometimes called extraesophageal reflux.

Many People with LPR Do Not Have Heartburn
Most people with LPR usually do not have heartburn. This is why LPR is called silent reflux. In this case, the material that refluxes does not stay in the esophagus for very long, and the acid does not have enough time to irritate the esophagus and cause heartburn. However, if even small amounts of refluxed material enters the throat, other problems can occur. Compared to the esophagus, the voice box and throat are much more sensitive to injury and irritation from stomach acid. LPR can sometimes affect a person’s lungs and breathing as well. Since LPR is often silent it is sometimes difficult to diagnose.

How Do I Know if I Have LPR?
Chronic hoarseness, throat clearing, cough, a feeling of a lump in the throat, or difficulty swallowing may be signs that you have LPR. Some people have hoarseness that comes and goes, and others have a problem with too much nose and throat drainage. Some people have heartburn too. If you have any of these symptoms especially if you smoke, you should ask your doctor about LPR.
What Kind of Problems Can LPR Cause and Are They Serious?
LPR can cause serious problems such as noisy breathing, choking episodes, breathing problems (asthma or bronchitis), and scarring of the voice box and windpipe. Cancer of the esophagus, throat or voice box are uncommon.

What Tests Might My Doctor Order?
If your doctor orders tests, this is to be sure about your diagnosis, to make certain that you do not have any complications of LPR and to help determine the best type of treatment for you. The most common tests for LPR are 24-hour pH monitoring (pH testing) and esophagoscopy. PH-testing is an overnight test that takes about 24-hours to complete. People are not admitted to the hospital for this test. PH testing is used to measure acid in your esophagus and throat. Some people say this test is mildly uncomfortable, but it is not painful. A small, soft, flexible tube is placed through your nose, which stays in your throat over night. The tube, called a pH probe, is connected to a small computer box that you wear around your waist. PH testing is the best test for LPR and it can help your doctor determine the best treatment for you.

Wireless PH testing is sometimes used instead. Esophagoscopy is direct visual examination of the esophagus in which you swallow a narrow flexible endoscope to evaluate any abnormalities of the larynx, esophagus and upper portion of the stomach. It is a good test to evaluate inflammatory changes and damage to the food pipe. Using specialized equipment, this can often be done in the office without sedation. This is called transnasal esophagoscopy or TNE.

How is LPR Treated?
Treatment for LPR should be individualized. Your doctor will suggest the best treatment for you. Generally, there are three levels of treatment for reflux:

1. Changing habits and diet to reduce reflux
2. Medications to reduce stomach acid
3. Surgery to decrease reflux

Most people with LPR need to modify how and when they eat as well as take some medication. Sometimes liquid antacids are recommended. For people who have LPR symptoms after meals, chewing gum, especially bicarbonate gum may be very helpful.

Your doctor will usually prescribe medications that reduce stomach acid because dietary and lifestyle changes alone are not enough to control LPR. The most common medications used to control acid are proton pump inhibitors. These medications must be taken properly to provide optimal therapy. They should be taken 30 to 45 minutes prior to eating. Most commonly, this means prior to breakfast and before the evening meal. Many patients with LPR are required to be take these medications twice daily for a prolonged period of time. This is recommended by the American Academy of Otolaryngology and is often needed because:
1. The medications do not work for more than 15 hours and individuals with LPR often require 24-hour acid control.
2. The voice box and throat have fewer defense mechanisms and take longer to heal than the esophagus.

**Will I Need LPR Treatment Forever?**
Most patients with LPR require treatment some of the time. There are a few people who do need treatment all of the time. People often recover completely for months or years, and then experience a relapse. This is because LPR is a chronic-intermittent disease. With treatment, LPR does not usually cause serious medical problems, but without treatment, LPR can be serious. For people with severe LPR or people who cannot take reflux medicine, anti-reflux surgery may be recommended. People who have this surgery usually get good relief for many years.

**Life-style and Diet Habits that Improve Reflux and LPR**

- Stop smoking
- Don’t wear tight clothing around your waist
- Do not lie down within three hours of eating
- Eat a low-fat diet
- Avoid fried foods, chocolate, cheese and eggs
- Avoid coffee, tea, soda, acidic juices and mints
- Avoid alcoholic beverages, particularly in the evening