

General Practitioners guide to the management and investigation of reflux disease

Guidance for General Practitioners in Dunedin, Otago and Southland

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Introduction

Gastro-oesophageal reflux disease (GORD) is one of the most common gastrointestinal conditions encountered in primary care. Most patients can be managed with lifestyle modification and pharmacological therapy. However, a subset of patients will require investigation or referral for specialist assessment.

This guide outlines a practical approach for **general practitioners managing reflux disease in primary care**, including:

- initial management
- indications for investigation
- red flag symptoms requiring urgent gastroscopy
- when to refer for specialist surgical assessment.

The aim is to support GPs across **Dunedin, Otago and Southland** in identifying patients who may benefit from further investigation or surgical treatment.

Typical symptoms of reflux disease

Common reflux symptoms include:

- heartburn
- acid regurgitation
- retrosternal burning discomfort
- symptoms worse after meals or lying flat.

Atypical or extra-oesophageal symptoms may include:

- chronic cough
- throat irritation or hoarseness
- globus sensation
- asthma exacerbation
- dental enamel erosion.

Red flag symptoms requiring urgent gastroscopy

Patients presenting with **alarm symptoms should be referred urgently for gastroscopy** to exclude malignancy or significant oesophageal pathology.

Urgent gastroscopy indications

- progressive dysphagia
- odynophagia
- unexplained weight loss
- persistent vomiting
- gastrointestinal bleeding
- iron deficiency anaemia
- new onset dyspepsia in patients >55 years
- persistent symptoms despite appropriate therapy.

These patients should generally be referred through local gastroenterology services for **expedited endoscopic assessment**.

Initial management in primary care

Patients with **typical reflux symptoms and no alarm features** can usually be managed empirically.

Lifestyle modification

Lifestyle measures can significantly improve reflux symptoms.

Recommended advice includes:

- weight reduction in overweight patients
- smoking cessation
- reducing alcohol intake
- avoiding late evening meals

- elevating the head of the bed
- avoiding dietary triggers.

Obesity is a major contributor to reflux disease, and weight loss may significantly improve symptoms.

Pharmacological treatment

Proton pump inhibitors (PPIs) remain the most effective medical therapy.

Common options include:

Medication	Typical dose
Omeprazole	20–40 mg daily
Pantoprazole	40 mg daily
Lansoprazole	30 mg daily

Treatment is usually trialled for **4–8 weeks**.

Many patients respond well to short-term therapy. However, some patients require ongoing treatment.

When to investigate reflux

Further investigation may be appropriate when:

- symptoms persist despite optimal PPI therapy
- atypical symptoms are present
- dysphagia develops
- complications are suspected
- surgical treatment is being considered.

Investigations for reflux disease

Several investigations may be used depending on clinical presentation.

Gastroscopy

Gastroscopy allows direct visualisation of the oesophagus and stomach. It can identify:

- oesophagitis
- Barrett's oesophagus
- strictures
- hiatus hernia.

Biopsies may be taken when indicated.

Oesophageal manometry

Oesophageal manometry assesses oesophageal motility and lower oesophageal sphincter pressure.

This investigation is particularly useful prior to anti-reflux surgery.

24-hour pH monitoring

24-hour pH monitoring measures acid exposure within the oesophagus.

This is considered the **gold standard investigation for confirming reflux disease**.

It is particularly useful when:

- symptoms persist despite medication
- surgical treatment is being considered.

When to refer for surgical assessment

While most reflux disease can be managed medically, some patients benefit from surgical management.

Referral for surgical assessment may be appropriate when:

- reflux symptoms persist despite optimal medical therapy
- patients require long-term PPI therapy
- significant regurgitation occurs
- large hiatus hernia is present
- complications such as oesophagitis occur.

Patients being considered for surgery typically undergo:

- gastroscopy
- oesophageal manometry
- pH monitoring.

Surgical management of reflux disease

The most common surgical procedure for reflux disease is **laparoscopic fundoplication**, often combined with **hiatus hernia repair**.

The goals of surgery are to:

- restore the anti-reflux barrier
- reduce reflux symptoms

- improve quality of life
- reduce long-term reliance on medication.

Long-term studies show that **approximately 80% of patients remain symptom-free 10 years after surgery.**

Referral pathway for patients in Otago and Southland

Patients across the southern South Island may be referred for specialist assessment. Mark Grant provides assessment and surgical management of reflux disease for patients from:

- Dunedin
- Queenstown
- Wanaka
- Invercargill
- Oamaru
- Central Otago.

Referrals are typically made following initial assessment and investigation in primary care.

Key points for general practitioners

- Most reflux disease can be managed in primary care.
- Alarm symptoms require urgent gastroscopy.
- Persistent symptoms despite treatment warrant investigation.
- Surgical referral is appropriate for selected patients.
- Reflux associated with hiatus hernia may benefit from surgical repair.

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