

TESTS INVOLVED

So what will be done if you decide to see a consultant? "The usual first step is a very simple and routine test called endoscopy – putting a telescope down the oesophagus into the stomach under sedation. We do this firstly to see if it is actually an acid reflux problem and, secondly, to be sure that there isn't any significant damage to the person's oesophagus."

don't give complete relief if your acid is bad and in some patients the symptoms may come back over time, in spite of medication.

"Using proton pump inhibitor medication can be lifelong treatment because the underlying problem has not been dealt with. If you stop taking the medication, within a couple of days you get the symptoms back."

3. Keyhole surgery:

Keyhole surgery offers an excellent once-off option to correct the underlying mechanical leaking valve and stop acid leakage completely.

Diarmuid O'Riordain says: "In most patients, this surgery can be performed under general anaesthetic as a day-case procedure without admission to hospital and in most patients acid leakage goes completely.

"A minority get reflux back over time in spite of surgery, but the majority get long-term relief without further need for medication.

"It is a sizable operation where we create a valve-type mechanism at the top of the stomach that stops the mechanical leakage.

"Typical patients who may benefit from surgery include those who want to come off long-term acid medication and also patients who are getting persistent symptoms in spite of medication," he says.

Surgery is very effective as long as patients are selected well, he adds.

"All of the patients being considered for surgery would have more detailed investigations before a decision is made. These would include a 24-hour PH test. Typically, the patient would have a probe put down into their oesophagus through the nose.

"This PH probe would be attached to a monitor and the probe would sit above the leaking valve and measure how much acid is leaking through the valve in that 24-hour period."

Pressure tests may also be done over the oesophagus.

"We are trying to prove with these tests that the

patient has a pure mechanical leaking valve problem. If they do, the surgery is very effective."

Most patients will get an immediate positive response after surgery, he says.

"They will know when they wake up from their surgery that their acid is gone. One of the down sides of the surgery is that about 20% of patients get their acid back over time, but the majority get good long-term results."

CONSEQUENCES OF ACID REFLUX

When endoscopy is performed, a minority of patients with long-standing acid reflux are found to have damage to the lining of the oesophagus and sometimes this can have serious potential implications.

"The most common conditions are inflammation and ulceration but one of the critical changes you can get is what's called Barrett's Oesophagus. With this, the lining at the lower end of the oesophagus has changed from its normal type into a different type of lining. It's a kind of protective mechanism by the body over time to protect against this acid damage.

"It can be associated with an increased risk of cancer at the lower end of your oesophagus, however."

It is important to note that often when this serious change develops, symptoms of acid reflux can actually improve, he says.

"So, if your symptoms are mild you cannot be assured that your oesophagus is safe. The only way of knowing is to have a telescope put down.

"While only a small percentage of patients who present with Barrett's Oesophagus will get oesophageal cancer, it certainly is a major risk factor for cancer."

If you have Barrett's Oesophagus, it is very important to know about it so that preventative action and regular monitoring takes place.

OVERALL ADVICE

Overall, Dr O'Riordain's advice is that if your heartburn is mild and short-lived and you can cope with it, that's fine. If you have persistent mild acid reflux symptoms over time, you should be referred for an endoscopy at least.

If you have persistent troublesome symptoms affecting your quality of life on an ongoing basis, or if you become dependent on medications, you should see a specialist in this area for investigation and to determine the best treatment option going forward. **CL**

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You're driving me mad

There's a story about Mr Mole who was driving his car through the countryside with his friend Mr Badger as passenger. Everything was very pleasant until another car, driven by Mr Rat, cut aggressively and dangerously in front of them. Mr Mole was furious and made a rude gesture with his fingers to Mr Rat, who simply laughed and gestured back at him as he sped off.

Mr Mole commented to his friend: "That sort of driver makes me so angry." His friend Mr Badger replied: "How exactly do you allow yourself to get angry because of what another driver does?"

It's the oldest one in the book, isn't it? We have this daft notion that our happiness depends on the behaviour of other people. We forget that what somebody else does is information about them; how I respond is information about me. In that sense we need to own and take responsibility for our reactions to other people. Making other people responsible for how I feel is like going to a doctor who prescribes medication for my neighbour!

Mr Mole's anger belongs to Mr Mole; it has nothing to do with Mr Rat. This can be a tough pill to swallow at times. But it is also quite liberating when you think about it. Because when I can accept that my anger belongs to me, I can decide what to do with that anger.

And I do not rely on anybody else in order for me to do this.

Rather than Mr Mole blaming Mr Rat for making him angry, he can instead realise that Mr Rat has triggered the emotion of anger in him and it is up to him (not Mr Rat) to deal with this anger. When Mr Mole successfully deals with his anger, not only is he no longer depending on Mr Rat to alleviate his anger, he is far less likely to be triggered by Mr Rat's behaviour in the future.

Dealing with my anger as something that belongs entirely to me is a very different experience to dealing with my anger as something that someone else can be blamed for. Seeing my anger as something that results from someone else tends to strengthen the anger. Seeing it as "my stuff" helps alleviate it.

So the next time someone says or does something to you that is totally unreasonable, try not to get into the blame game. Even if their behaviour is quite awful, realise that's "their stuff". Step back and own what is "your stuff".

Of course, the next hurdle to overcome is how best to deal with the anger. What do I do with it if I can't throw it back at someone, blame them for it, and demand that they change or apologise before I can drop it?

That's a very good question, and one that I hope to answer next week.

So, stay tuned! **CL**

GET IN TOUCH



Fiona Hoban works as a counsellor in Westport, Co Mayo and also lectures with the National Counselling and Psychotherapy Institute of Ireland (NCPII). She delivers well-being and motivational talks at various conferences and workshops throughout Ireland. For more details go to www.fionahoban.ie If you would like to get Fiona's advice or insight on a particular subject please email info@fionahoban.ie or write to Fiona Hoban, Irish Country Living, Irish Farm Centre, Bluebell, Dublin 12.

WORDS OF LIFE

Thou, O Lord, art a God full of compassion, and gracious, longsuffering, and plenteous in mercy and truth.

Psalm ch. 86 v 15.