Gastric Ulcers

What is a gastric ulcer

Stomach ulcers, also known as gastric ulcers, are open sores that develop on the lining of the stomach.

Symptoms

The pain caused by a stomach ulcer can travel out from the middle of your tummy up to your neck, down to your belly button, or through to your back.

It can last from a few minutes to a few hours and often starts within a few hours of eating. You may also wake up in pain during the night.

Taking antacids (indigestion medication) may relieve the pain temporarily, but it will keep coming back if the ulcer isn't treated.

Other symptoms

Less common symptoms of a stomach ulcer can include:

- Indigestion
- Heartburn
- Loss of appetite
- Feeling and being sick
- Weight loss

Some people also find they burp or become bloated after eating fatty foods.

Causes

Stomach ulcers are usually caused by Helicobacter pylori (H. pylori) bacteria or non-steroidal anti-inflammatory drugs (NSAIDs). Sometimes stomach ulcers are simply caused from an increased acid production or lifestyle factors. Occasionally, stomach ulcers can be cancerous, but this is rare. Therefore, with any stomach ulcer, biopsies are usually taken during your gastroscopy to exclude a cancer.

H. pylori bacteria

H. pylori infections are common, and it's possible to be infected without realising it, because the infection doesn't usually cause symptoms. The bacteria live in the stomach lining and people of all ages can be infected.

However, in some people, the bacteria can irritate the stomach lining and make it more vulnerable to damage from the stomach acid. It's not clear exactly why some people are more vulnerable to the effects of H. pylori bacteria than others.

NSAIDs

NSAIDs are medicines widely used to treat pain, a high temperature (fever) and inflammation (swelling).

Commonly used NSAIDs include:

- Ibuprofen
- Aspirin
- Naproxen
- Diclofenac

Many people take NSAIDs without having any side effects, but there's always a risk the medication could cause problems, such as stomach ulcers, particularly if taken for a long time or at high doses. NSAIDS can break down the stomach's defense against the acid it produces to digest food, allowing the stomach lining to become damaged and an ulcer to form.

You may be advised not to use NSAIDs if you currently have a stomach ulcer or if you have had one in the past. Paracetamol can often be used as an alternative painkiller, as it's generally considered safer.

Lifestyle factors

It used to be thought that stomach ulcers may be caused by certain lifestyle factors, such as spicy foods, stress and alcohol.

There is little hard evidence to confirm that this is the case, but these factors may make the symptoms of ulcers worse.

However, it is thought that smoking increases your risk of developing stomach ulcers and may make treatment less effective.

What does treatment/management involve?

1. Acid suppressing medication

A course of a drug that greatly reduces the amount of acid that your stomach makes is usually advised. The most commonly used drug is a proton pump inhibitor (PPI). PPIs are a class (group) of drugs that work on the cells that line the stomach, reducing the production of acid. Sometimes a drug from another class of drugs called H2-receptor antagonists - also known as 'H2 blockers' – is used. H2 blockers work in a different way on the cells that line the stomach, reducing the production of acid.

Risks: With any medications, side effects are possible. Please contact your GP if you are uncertain about your medications. If medications are not taken, the healing of the ulcer will be delayed.

2. If Helicobacter Pylori is present

Some stomach ulcers are caused by infection with Helicobacter pylori. Therefore, a main part of the treatment is to clear this infection. If this infection is not cleared, the ulcer is likely to return once you stop taking acid-suppressing medication. Treatment involves a combination of two antibiotics and a PPI for 7 days.

Risks: With any medications, side effects are possible. Please contact your GP if you are uncertain about your medications.

3. Lifestyle

Alcohol intake should be reduced or ceased and smoking should be avoided. Both alcohol and smoking stimulates acid and will delay healing. You can gain support and advice on ceasing alcohol and smoking from your GP or from the NHS stop smoking website: www.nhs.uk/smokefree Are there any alternative treatments? The only current course of treatment for gastritis and gastric ulcers is acid suppressing medications.

What happens after the treatment?

A repeat endoscopy is usually advised 6-8 weeks after your gastroscopy. This is mainly to check that the ulcer has healed, and also to be doubly certain that the 'ulcer' was not due to stomach cancer.

If you were given a prescription for a Proton Pump Inhibitor (PPI) at the time of your endoscopy, you should see your GP before this runs out to get a repeat so that a full 6 week course has been taken.

You must ensure that you carry on taking your Proton Pump Inhibitor (PPI) until you have had your repeat endoscopy. If you stop or don't complete the course then your endoscopy maybe postponed.

If you have not received an appointment from the endoscopy unit 6 weeks after your initial gastroscopy then please contact them on **(HRI) 01484 342436 (CRH) 01422 223920.**

If you have any comments about this leaflet or the service you have received you can contact :

The Endoscopy Units
at
Huddersfield Royal Infirmary Telephone No: 01484 342436
or
Calderdale Royal Hospital CRH Telephone No: 01422 223920

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obrat'te se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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براۂے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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