



Peptic ulcer disease

Information for patients from the Trust's Endoscopy Units

What is peptic ulcer disease?

Peptic ulcer disease (PUD), also known as a peptic ulcer or stomach ulcer, is a break in the lining of the stomach, first part of the small intestine, or occasionally the lower oesophagus. A peptic ulcer in the stomach is known as a gastric ulcer while that in the first part of the intestine is known as a duodenal ulcer. This is usually diagnosed by having an endoscopy.

What causes peptic ulcers?

Your stomach normally produces acid to help with the digestion of food. This acid is corrosive, so the inside lining of the stomach and the first part of the small intestine (the duodenum) produce a natural mucous barrier. This protects the lining of the stomach and duodenum. There is normally a balance between the amount of acid that you make and the mucous defense barrier. An ulcer may develop if there is a change in this balance, allowing the acid to damage the lining of the stomach or duodenum. The main causes of this imbalance are as follows.

- **Infection:** a bug called *Helicobacter pylori* has shown to cause eight out of 10 peptic ulcers. Once you are infected, unless treated, the infection usually stays for the rest of your life. In many people it causes no problems and a number of these bacteria just live harmlessly in the lining of the stomach and duodenum. However, in some people this bacterium causes an inflammation in the lining of the stomach or duodenum. This causes the defense mucous barrier to be disrupted (and in some cases the amount of acid to be increased), which allows the acid to cause inflammation and ulcers.
- **Medication:** the second most common cause of peptic ulcers is a type of pain relieving medication called non-steroidal anti-inflammatory drugs (NSAIDs). Included in this group are ibuprofen, naproxen, diclofenac, and aspirin. Long term use of these drugs can increase the risk of an ulcer.
- **Other causes** are rare. It often runs in families, heavy drinking and smoking. Crohn's disease may cause a stomach ulcer in addition to other problems of the gut. Stomach cancer may at first look similar to an ulcer. Stomach cancer is uncommon, but may need to be 'ruled out' if you are found to have a stomach ulcer.



What are the symptoms?

Pain in the upper tummy (abdomen) just below the breastbone (sternum) is the common symptom. It usually comes and goes. It may be helped if you take antacid tablets. Sometimes food makes the pain worse. The pain may wake you from sleep. Other symptoms which may occur include bloating, retching, and feeling sick. You may feel particularly 'full' after a meal.

Complications develop in some cases, and can be serious. These include: a bleeding ulcer and/or perforation; this is where the ulcer goes right through (perforates) the wall of the stomach. This usually causes severe pain and is a medical emergency.

What treatment will I be given for my ulcer?

A four to eight week course of medicine that greatly reduces the amount of acid that your stomach makes, is usually advised. As the amount of acid is reduced, the ulcer usually heals. However, this is not the end of the story.

If the test shows that *Helicobacter pylori* is present, you will be prescribed a course of antibiotics in addition to the acid suppressing medication. Once the bug is cleared, the ulcer should heal well. In a small number of people, the infection returns.

If your ulcer was caused by an anti-inflammatory medicine, we advise that you stop taking the anti-inflammatory medicine (if possible). However, in many cases the anti-inflammatory medicine is needed to help with symptoms of arthritis or other painful conditions, or aspirin is needed to protect against blood clots. In these situations, one option is to take an acid-suppressing medicine each day indefinitely. Alternatively you may take other pain relief medications. This should be discussed with your doctor.

Treatment for other uncommon causes involves treating the underlying cause. For example, if you drink heavily, stop or cut down.

In most cases, another endoscopy is needed after a few weeks to check if the ulcer has healed and to be doubly certain that the 'ulcer' was not due to stomach cancer.

Is surgery an option?

In the past, surgery was commonly needed to treat a stomach ulcer. Surgery is now usually only needed if a complication of a stomach ulcer develops, such as severe bleeding or perforation.

Will the ulcer return after treatment?

Re-infection of *Helicobacter pylori* is possible but unusual.

Any further questions?

Please phone the **Endoscopy Unit**. The units are open Monday to Sunday 8am to 6pm.

- William Harvey Hospital, Ashford Telephone: 01233 61 62 74
- Kent and Canterbury Hospital, Canterbury Telephone: 01227 78 30 58
- Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 43 70

If you have any questions between 6pm and 8am Monday to Sunday then contact the **Emergency Department** on:

- William Harvey Hospital, Ashford Telephone: 01233 61 62 07
- Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 50 30

A short film outlining what patients can expect when coming to hospital for an endoscopy is available on the East Kent Hospitals web site www.ekhufft.nhs.uk/endoscopy/

Our units are regularly inspected and audited; please ask if you want any information about our performance standards. You can also visit www.patientopinion.co.uk

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation