



Peptic ulcer disease

Information for patients from the Trust's Endoscopy Units

You have been diagnosed with peptic ulcer disease. This leaflet explains:

- what peptic ulcer disease is
- what causes peptic ulcer disease
- what the symptoms are, and
- what treatment is available.

If you have any questions after reading this leaflet, please speak to your doctor.

What is peptic ulcer disease?

Peptic ulcer disease (PUD), is also known as a peptic ulcer or stomach ulcer. It is a break in the lining of the stomach, first part of the small intestine, or the lower oesophagus.

A peptic ulcer in the stomach is known as a gastric ulcer. An ulcer 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 you digest food. This acid is corrosive, so the inside lining of your stomach and the first part of your small intestine (the duodenum) produce a natural mucous barrier. This protects the lining of your stomach and duodenum.

There is normally a balance between the amount of acid that you make and the mucous defence barrier. An ulcer may develop if there is a change in this balance, allowing the acid to damage the lining of your 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. Unless treated, once you are infected the infection usually stays for the rest of your life. In many people it causes no problems, and a number of these bacteria 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 a disruption in the defence mucous barrier. In some cases the amount of acid increases, allowing 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, which are rare.
 - It often runs in families.
 - It can be caused by 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 like an ulcer. Stomach cancer is uncommon, but may need to be 'ruled out' if you have a stomach ulcer.

What are the symptoms?

Pain in the upper tummy (abdomen), below the breastbone (sternum) is the common symptom. It usually comes and goes. It may help if you take antacid tablets. Sometimes food makes the pain worse. The pain may wake you from sleep.

Other symptoms may include **bloating, retching, and feeling sick**.

You may **feel 'full' after a meal**.

Complications develop in some cases, and can be serious. These include **a bleeding ulcer and / or a 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 are the treatment options?

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

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

If anti-inflammatory medicine has caused your ulcer, we will advise you to stop taking this (if possible). However, you may take this medicine to help with symptoms of arthritis or other painful conditions. Or you may take aspirin to protect against blood clots. In these cases, one option is to take an acid-suppressing medicine each day indefinitely. Or you may take other pain relief medications. Please discuss this 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 six to eight weeks. This will 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 often 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.

- Kent and Canterbury Hospital, Canterbury
Telephone: 01227 783058
- Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate
Telephone: 01843 234370
- William Harvey Hospital, Ashford
Telephone: 01233 616274

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

- Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate
Telephone: 01843 235030
- William Harvey Hospital, Ashford
Telephone: 01233 616207

Our units are regularly inspected and audited. Please ask if you want any information about our performance standards. You can also visit the Care Opinion web site (<https://www.careopinion.org.uk/>).

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring 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 has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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