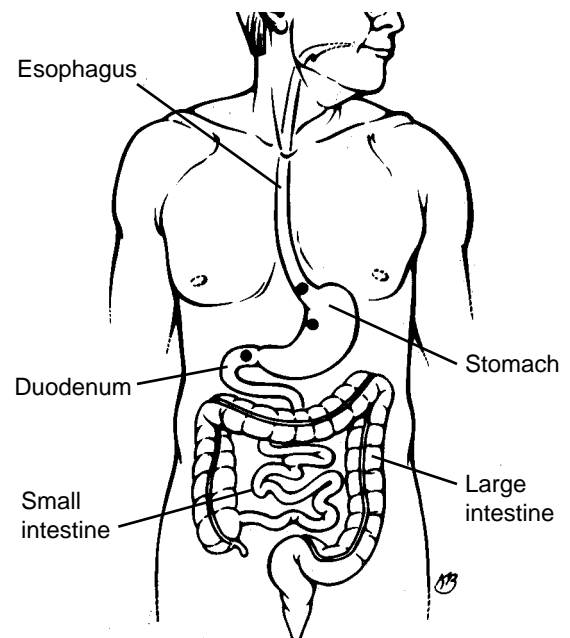


Ulcers

What you can do to heal your ulcer

What is an ulcer?

Ulcers are sores on the lining of your *digestive tract* (see the picture below). Most ulcers are located in the duodenum. The *duodenum* is the first part of the intestine. These ulcers are called *duodenal ulcers*. Ulcers located in the stomach are called *gastric ulcers*. Ulcers in the esophagus are called *esophageal ulcers*. Two other disorders are much like ulcers. These are an inflamed lower esophagus (*esophagitis*) and an inflamed stomach lining (*gastritis*).



● Common ulcer sites

Signs of ulcers

- Feel better when you eat or drink and then worse an hour or two after eating (duodenal ulcer) or feel worse when you eat or drink (gastric ulcer)
- Stomach pain that may wake you up at night
- Feel full fast
- Heavy feeling, bloating, burning or dull pain anywhere in your stomach
- Times when you feel bad and then times when you feel good in between
- Vomiting
- Weight loss

What causes ulcers?

A type of bacteria called *Helicobacter pylori* (*H. pylori*) is thought to be a cause of ulcers. Acid and other juices made by the stomach can contribute to ulcers by burning the lining of your digestive tract. This can happen if your body makes too much acid or if the lining of your digestive tract is damaged in some way. Esophageal ulcers or esophagitis occur when stomach acid makes its way up into the lower esophagus. For some people, physical stress (such as being sick for a long time) may help cause ulcers. The role that emotional stress plays is not certain.

What things can damage the lining of my digestive tract?

Even though most people use anti-inflammatory drugs without problems, these drugs can sometimes damage the stomach lining and cause ulcers. Anti-inflammatory drugs include aspirin, ibuprofen (Advil, Motrin, Nuprin, etc.), naproxen (Aleve), ketoprofen (Actron, Orudis KT), and a number of similar prescription drugs for arthritis and related problems. Acetaminophen (Datril, Panadol, Tylenol, etc.) doesn't seem to damage the stomach lining. Smoking increases your chance of getting an ulcer and also seems to delay or prevent ulcer healing.

How can my doctor tell if I have an ulcer?

Your doctor may start you on some medicine before doing tests. This is because ulcers, gastritis and esophagitis usually feel better within a week or so after starting treatment. You may not need tests if you're getting better.

If you don't get better, your doctor might want to do an *endoscopy* or a *barium x-ray* to study your digestive tract. During an endoscopy, your doctor looks into your stomach through a thin tube. He or she may take a sample of the stomach lining (a biopsy) to test for *H. pylori*. Blood and breath tests can also be used to test for *H. pylori*. For a barium x-ray, you'll drink a chalky liquid called barium. The barium will highlight your ulcer on an x-ray.

How can ulcers be treated?

One way to treat ulcers is to get rid of the *H. pylori* bacteria. Treatment may also be aimed at lowering the amount of acid that your stomach makes, to neutralize the acid that is made and to protect the injured area so it can have time to heal. It's also very important to stop doing things, such as smoking, that damage the lining of your digestive tract.

Triple therapy. A common treatment to eliminate *H. pylori* is a combination of two antibiotics and bismuth (Pepto-Bismol), called *triple therapy*. Other combinations may also be effective. This treatment may be used with medicine that reduces the amount of acid your stomach makes. One medicine, Tritec, combines bismuth and a drug to reduce the acid in the stomach. Tritec is used with an antibiotic.

H₂ blockers. Medicines called H₂ blockers reduce the amount of acid that your stomach makes. These medicines include cimetidine (Tagamet), ranitidine (Zantac), famotidine (Pepcid) and nizatidine (Axid). They usually help people start to feel better within three days. Some H₂ blockers are available without a prescription. The nonprescription form is usually a lower dose than the prescription form.

Omeprazole. A medicine called omeprazole (Prilosec) also reduces how much acid the stomach makes. It works in a different way than the H₂ blockers.

Antacids. Antacids neutralize acid that the stomach makes. They may take a little longer than H₂ blockers and omeprazole to work. Some antacids can cause constipation or diarrhea.

Sucralfate. A medicine called sucralfate (Carafate) coats your ulcer to protect it from the acid so it has time to heal.

Misoprostol. Misoprostol (Cytotec) reduces the amount of acid the stomach makes and protects the lining of the stomach. It is usually used to prevent gastric ulcers in people who need to take anti-inflammatory drugs and who have had stomach irritation or ulcers in the past.

How long will I have to take medicine?

Treatment to get rid of *H. pylori* usually takes about two to three weeks. Your doctor may want you to take medicine that lowers the stomach acid for up to eight weeks. Most ulcers heal within this time. If your symptoms come back after you stop taking medicine, your doctor may suggest trying a different medicine or that you take a low dose of medicine even when you're not having symptoms to keep the ulcer from coming back.

Tips on healing your ulcer

- Don't smoke.
- Avoid anti-inflammatory drugs like aspirin and ibuprofen.
- Avoid caffeine and alcohol (or have them only in small amounts and on a full stomach).
- Avoid spicy foods if they cause heartburn.

Does what I eat affect my ulcer?

It may. But this isn't true for everyone. Certain foods and drinks may be more likely to make your pain worse. These include regular and decaffeinated coffee, tea, cocoa, chocolate, meat extracts, alcohol, black pepper, chili powder, mustard seed and nutmeg. You may want to avoid these things to see if this helps you feel better.

Keep your diet balanced. Don't avoid foods unless they have bothered you more than once. If you drink alcohol or caffeine drinks, drink them only when you are eating and in small amounts.

Eating small, frequent meals when you're having pain may help you feel better.

Are ulcers affected by pregnancy?

Ulcer symptoms often go away during pregnancy. During pregnancy, the body makes less stomach acid. If you have pain from an ulcer during pregnancy, your doctor may suggest that you take antacids or sucralfate. H₂ blockers and omeprazole shouldn't be used during pregnancy unless they're really needed. Triple therapy and misoprostol should not be used during pregnancy.

Even though ulcers may improve during pregnancy, symptoms of heartburn may be common in the last few months as your growing baby presses on your stomach. Eating smaller meals more often and not eating just before going to sleep often help.

Are ulcers serious?

Not usually. Ulcers don't cause cancer, but some cancers can form ulcers as they grow. This is more common with cancer of the stomach than with cancer of the esophagus or duodenum.

Ulcers sometimes can lead to other problems. These problems include bleeding, *perforation* (when the ulcer eats all the way through the wall of your digestive tract) or *obstruction* (when your digestive tract gets blocked and food can't leave your stomach). The signs listed in the box on page 5 warn of these problems. Get help right away if you notice any of them.

Warning signs that your ulcer is getting worse

- You vomit blood.
- You vomit food eaten hours or days before.
- You feel cold or clammy.
- You feel unusually weak or dizzy.
- You have blood in your stools (blood may make your stools look black or like tar).
- You have ongoing nausea or repeated vomiting.
- You have sudden, severe pain.
- You keep losing weight.
- Your pain doesn't go away when you take your medicine.
- Your pain reaches to your back.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.



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