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Helicobacter Pylori

Endoscopy Department

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk

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treatment recommended but there are possible side effects which are listed under that Heading shown previously in this leaflet.

Further Information

If you need further advice you may talk to your **GP** or contact a member of the **Endoscopy Staff** on **01932 692747** or **01784 884563**

Helicobacter Pylori

Introduction - Explanation of Condition

Helicobacter Pylori (pronounced Heli-co-bak-ter Pie-lor-i) is a germ that lives in the stomach.

The way in which this infection is acquired is not completely clear. It is probably transmitted by close contact or in a contaminated water supply.

This infection is probably acquired during childhood, but can live undetected in the body for many years.

It is highly unlikely that an adult with Helicobacter Pylori will infect close family members.

Symptoms

Stomach pain (central pain behind the chest bone)

Belching

Early fullness when eating

Abdominal bloating

Nausea and loss of appetite

Pain after meals

Pain before meals

What problems does this infection cause?

Helicobacter Pylori damages the lining of the stomach and makes it more susceptible to acid related damage.

Gastritis (Inflammation in the lining of the stomach)

50% of patients with gastritis are infected with Helicobacter Pylori.

Gastric Ulcer (Ulcer in the stomach)

80% of patients with Gastric Ulcer are infected with Helicobacter Pylori.

Duodenal Ulcer (Ulcer in the duodenum)

95% of patients with duodenal ulcer are infected with Helicobacter Pylori.

Diagnosis

Helicobacter can be detected with a biopsy when undergoing an endoscopy. The results are usually available almost immediately.

Treatment

A course of treatment is introduced to treat the infection. One drug reduces the acid supply in the stomach whilst two antibiotics get rid of the bacteria.

To have the best possible chance of getting rid of the infection, it is important to complete the treatment. Up to 90% of patients will be successful at the first attempt.

Side effects may be experienced but, unless they become severe, you should continue and complete the course of treatment.

Side Effects - Suggested Remedy

Headache	Take simple painkillers, i.e. Paracetamol
Nausea	Eat light small meals
Furred tongue	Keep your mouth clean
Sore mouth	This may be a sign of a thrush infection and you should seek medical advice
Diarrhoea	Drink plenty of liquids and avoid dairy products until the symptoms resolve

Pain Killers

If you need to take painkillers in the future, you should avoid Aspirin and NSAID (non-steroidal anti-inflammatory drug based products). These cause irritation to the lining of the stomach.

You should use Paracetamol based products instead.

After Treatment

Although symptoms often improve after treatment, it can sometimes be several months before the improvement becomes obvious.

During this time, you can still be treated with antacids and acid reducing drugs.

Should the symptoms persist you may need a further course of treatment.

Risks, Benefits or Alternative Treatment

Other than those treatments suggested in the preceding paragraphs there is no alternative. The benefits are obviously relief of the conditions and pain you have been experiencing. There are no risks connected with the