

ULCER (PEPTIC ULCER DISEASE)

An ulcer refers to the breakdown of the internal lining that covers the organs of the digestive tract. It often develops in the *duodenum* (first part of the small intestine) or stomach. *Helicobacter pylori* (H. Pylori), an intestinal bacterium, causes the majority of ulcers. They may also develop from increased gastric acid levels in the digestive tract, defects in the lining, or from excessive use of aspirin and non-steroidal inflammatory agents such as ibuprofen (Advil®, Motrin®, or Nuprin®). Anyone can develop an ulcer, but it is common in men over the age of 50. Your risk increases with cigarette smoking, alcohol abuse, a positive family history for ulcers, chronic gastritis, and having a certain blood type (Type A & O). Ulcers are not cancerous or contagious. The development of an ulcer is also known as *Peptic Ulcer Disease* (PUD).

Symptoms *may* include:

- Sometimes none
- Abdominal pain, a burning sensation in stomach, heartburn and increased burping
- Pain that is often mistaken for heartburn, indigestion, or hunger
- Pain immediately or hours after eating
- Intermittent pain that may also wake the person from sleep
- Poor appetite, nausea, vomiting and weight loss
- Pain relief after eating, drinking milk or taking antacids.
- Internal bleeding, blood in the stools (black, tarry-looking), vomiting blood, and chest pain

What *your doctor* can do:

- Diagnose the disease by asking about your symptoms, doing a physical exam, and ordering laboratory blood tests, stool cultures and an endoscopy (using a long, thin, flexible tube with a light and optics to view and take tissue samples of the digestive tract lining)
- Order additional tests like a breath test to detect H. Pylori and x-rays with *radioactive isotopes* (radioactive substances that may be taken orally or injected into the blood stream.)
- Prescribe antibiotics with *bismuth* (Pepto Bismol®) to cure the H. Pylori infection and various other ulcer medicines like *Antacids* (neutralize excess acid), *Histamine Antagonists* (decrease acid production), and *Protective Agents* (cover the ulcer site to allow healing).

What *you* can do:

- Finish all the antibiotics and take the ulcer medicines as directed by your doctor even if you start feeling better. Remember that ulcers can recur in the future without proper treatment.
- Stop smoking, avoid *caffeine* (e.g., coffee, colas, and caffeinated teas), and alcohol.
- Eat small, frequent meals instead of 3 large or heavy meals.
- DO NOT use aspirin or non-steroidal anti-inflammatory medicines. Use acetaminophen (Tylenol®) for fever symptoms or minor discomfort.
- Although there are no diet restrictions, avoid food that upsets your stomach.

What *you* can expect:

- Most people recover within 1 to 3 months after starting therapy.
- Some medicines may cause side effects like nausea; diarrhea; or a black tongue and stools.
- Possible complications may include a tear in the lining, peritonitis, excessive bleeding, an obstruction in the small intestine, and chronic ulcers.

Contact your doctor if you develop symptoms of an ulcer, if you suffer symptoms of an *infection* (fever, increased pain), or if you start to vomit blood or notice blood in your stool.