



**Digestive  
Disease Consultants**  
ORLANDO



**PALM  
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# Digest This!

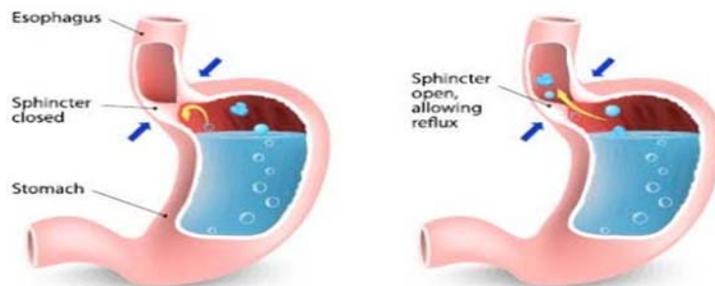
**A Newsletter from Digestive Disease Consultants**  
April – June 2017

Welcome to our Quarterly Newsletter! We hope to keep you informed of the latest developments within the field of Gastroenterology, and provide you with helpful information that can be used on a day to day basis. Please contact us if you wish to make an appointment at any one of our three offices. This quarter, we shed light on one of the most common gastrointestinal disorders, gastroesophageal reflux disease (GERD).

## ***What is Gastroesophageal Reflux (GERD)?***

Gastroesophageal Disease (GERD) is a digestive disorder that is caused by gastric acid flowing from the stomach into the esophagus. As the name implies, “gastroesophageal” refers to the connection of the stomach to the esophagus, and “reflux” means to flow back or return.

In GERD, a band of muscle located at the bottom of the esophagus called the lower esophageal sphincter (LES), opens to let food pass and closes to keep it in the stomach. When this muscle relaxes too often or for too long, stomach acid can then splash back into the esophagus.



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### **Digestive Disease Consultants Palm Endoscopy Center**

Barry Katz, MD  
Raaj Popli, MD  
Sanjay Reddy, MD  
Harry Shephard, MD  
Richard Straker, MD

407-830-8661

623 Maitland Ave  
Altamonte Springs, FL 32701

8000 Red Bug Lake Road  
Oviedo, FL 32765

33 Washington Ave  
Apopka, FL 32703

[www.ddcorlando.com](http://www.ddcorlando.com)

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Symptoms of GERD can be quite variable from person to person. The classic symptoms of GERD are heartburn (a burning sensation under the breastbone) and regurgitation (the feeling of gastric contents moving upward). However, many patients do not have any of these typical symptoms.

Other symptoms of GERD include chest pain, hoarseness, a persistent dry cough, sore throat, bitter taste in your mouth associated with choking, nausea and even vomiting, dyspepsia (a vague sensation of discomfort in the upper abdomen), excess saliva, poorly controlled asthma, sleep apnea, tooth decay, and trouble swallowing. Many of these symptoms can occur even in the absence of typical or classic symptoms.

## Why Is It Important?

Over time, chronic inflammation of the esophagus can cause serious complications including:

- **Esophageal stricture** – or narrowing of the esophagus. Damage from acid leads to formation of scar tissue which can narrow the esophagus, which can cause difficulty swallowing.
- **Esophageal ulcer** – stomach acid can severely erode the lining of the esophagus leading to an open sore forming, which may lead to bleeding and pain.
- **Barrett's esophagus** – long term exposure of the esophagus to acid can cause changes in the lining of the esophagus. These changes are associated with an increased risk of *esophageal cancer*. Regularly scheduled endoscopic exams may be necessary to look for early signs of esophageal cancer if this condition is found.

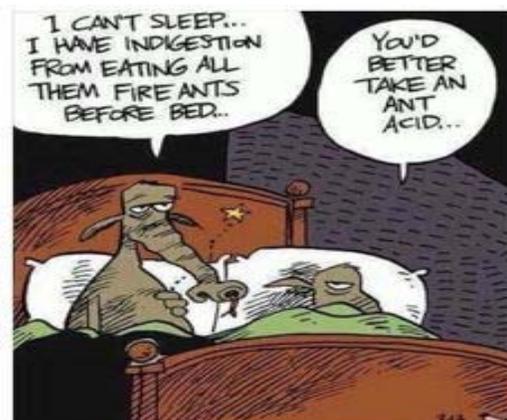
A number of tests exist to evaluate GERD. Endoscopic evaluation of the esophagus involves directly examining the esophagus with a flexible tube. Dilation can be performed to relieve any stricture seen. Esophageal manometry can measure the pH of the esophagus to assist with the diagnosis and treatment of GERD. Radiofrequency ablation (RFA) involves applying thermal energy to eradicate and destroy Barrett's tissue. Most of these procedures can safely be done as an outpatient and all are performed by the physicians at Digestive Disease Consultants. Schedule an appointment to discuss this or any other related issue.

## Treatment

GERD is a chronic disease with the goal to manage symptoms and promote healing of damaged tissue. Management often starts with lifestyle and dietary changes as listed on the next page. For mild GERD, over-the-counter antacids can relieve symptoms. If more treatment is needed, medications including H2-Receptor Antagonists, such as ranitidine (Zantac), famotidine (Pepcid), and cimetidine (Tagamet), and Proton Pump Inhibitors (PPI), such as omeprazole (Prilosec), pantoprazole (Protonix), esomeprazole (Nexium), and dexlansoprazole (Dexilant) may be used. Many of these drugs are available in both prescription and over-the-counter doses. Very rarely, surgical options may be necessary for optimal control of GERD. Talk to your doctor about which treatment regimen is best for you.

## Did You Know...

- Sixty percent of the adult population will experience some type of GERD related symptoms within a twelve-month period, and 20-30% will have weekly symptoms.
- There are over 18 million ambulatory visits to healthcare professionals in emergency rooms, physician offices, and clinics annually related to GERD.
- Approximately 3 million Americans are hospitalized annually for GERD-related symptoms, complications, and treatment.
- There are approximately 65 million prescriptions written annually for GERD medications in the United States.
- People with GERD have a lower reported health-related quality of life, including reduced enjoyment of food, sleep problems, and poor concentration.



## Lifestyle Changes That May Help Reduce GERD Frequency

- **Maintain a healthy weight** – excess weight puts pressure on your abdomen which



pushes up your stomach and causes acid back into the esophagus.

- **Avoid foods that trigger reflux** – common triggers include fried or fatty foods, spicy foods such as hot sauces and pepper, garlic, onion, tomato based foods, citric acid like orange juice and lemonade, fruit juices, alcohol, chocolate, caffeine, and mint.
- **Don't lie down after a meal** – wait at least three hours after eating before lying down or going to bed.
- **Elevate the head of your bed** – place wood or cement blocks under the head of your bed to raise the head end six to nine inches. If that is not possible, insert a wedge between your mattress and box spring.
- **Avoid tight fitting clothes**
- **Don't smoke**



*Spring is Nature's way of saying  
"Let's party!"*

**- Robin Williams**

## Recipe Corner

### Wild Salmon Pasta Salad

(recipes taken from RefluxMD recipe book)

Wild salmon thrive in abundance in Alaska's clean waters. They swim freely, but are carefully managed by Alaska's fishing families, so you can be sure of premium health benefits when you include canned salmon from the region in your GERD friendly diet. The fresh fish is one of the richest sources of Omega 3 fatty acids, selenium, and vitamin D of any food. It's also an easy protein to digest and low in overall calories, fat, and sodium. Keep in mind that sockeye salmon has a more intense flavor than pink salmon, so choose the taste that you prefer. Both are delicious and work equally well in this recipe!

**Makes 8 servings**

#### Ingredients

*8 ounces dry, small shell pasta  
1/2 cup basil pesto sauce (garlic-free)  
1/2 cup light Italian salad dressing  
1 zucchini, cut into 1/2 inch slices  
3/4 cup frozen peas, defrosted  
1 small red or yellow pepper, diced  
1 can (7.5 oz) smoked Alaskan salmon (pink or sockeye)  
1/4 tsp dried turmeric or dried ginger spice  
1 tsp dried minced onion\*\**

#### Directions

1. Cook pasta according to package directions.
2. Drain well and let cool.
3. Toss with pesto and salad dressing.
4. Set aside to let flavors blend.
5. Cook the zucchini slices in a microwaveable container on high for 2 minutes or until tender.
6. Toss the zucchini into the pasta and add the peas, peppers, and seasonings.
7. Gently fold in drained salmon and dried onion\*\*.

**Nutritional information (per serving):** Calories 296, Sat Fat 3g, Sodium 465mg

\*\*Omit onion if the dried form of the herb triggers your GERD symptoms.

## ***In the News...***

- Dr. Reddy recently hosted Grand Rounds at Florida Hospital Altamonte on January 27, 2017.
- Dr. Popli and staff recently attended the Altamonte Springs Senior Health Fair and answered questions about GI health on February 15, 2017.



- Dr. Reddy attended and hosted a function with Orange County Mayor Jacobs to designate March 3 as Dress in Blue Day, promoting Colon Cancer Awareness Month.



- Digestive Disease Consultants hosted an event with the Orlando Magic in honor of Colon Cancer Awareness Month in March.



## Spotlight On...

Meet Tameika Anderson, our Director at Palm Endoscopy Center. She has been a member of our team for the last 3 years. She grew up an “army brat”, but calls Beaufort, SC her hometown. She graduated from the University of South Carolina with a BS in Biology. Her passion for healthcare lead her to further her education at the Medical University of



South Carolina where she obtained her BSN & Masters of Nursing Administration. Tameika has been in Nurse management for over 10 years, having served in several leadership roles in hospital and outpatient settings.

Prior to beginning her nursing career, Tameika was an educator in the Charlotte Mecklenberg school system. She currently serves as an instructor for the Cambridge School of Allied Health & Technology. She is also a member of several professional organizations, including the Society of Gastroenterology Nurses Association (SGNA) and Association of Operating Room Nurses (AORN).

Tameika resides in Winter Garden, FL with her husband, Rory, and their three children. She enjoys spending time with her family and watching sports, especially her favorite team, the Pittsburgh Steelers!

Dr. Richard Straker received his Medical Doctorate from the Medical College of Ohio in 1982. He then attended the University of South Florida, where he completed his internship in Internal Medicine and



his residency in Gastroenterology. He is board certified by the American Board of Internal Medicine in both Internal Medicine and Gastroenterology.

After his fellowship, he joined the faculty at the University of South Florida and Moffitt Cancer Center as Assistant Professor of Medicine. He entered into private practice in Orlando in 1989.

For the last 15 years Dr. Straker has been voted by his peer’s one of the Orlando’s Top Doctors. Dr. Straker also volunteers his time with Grace Medical. He is married and his wife is employed in the Orlando private school system. He has a son who is entering surgery residency in the spring of 2017, and a daughter who is a BSRN who works in a trauma ED in Charlotte, NC.

In his spare time, he enjoys farming, hunting, hiking, and spending time with his family.

## Why Digestive Disease Consultants?

With over 100 years of combined clinical experience, Digestive Disease Consultants has served the Central Florida region for over 25 years. We are an *independent physician practice*, which means that all of our clinical decisions are made in the best interest of you, the patient, and not an administrator or hospital executive. We pride ourselves on giving you the latest advancements and technology in the field of Gastroenterology, but also in communicating with you as an individual to tailor the best care for your health. All of our patients are seen by Board-Certified physicians only, who will personally oversee all of your care. For more information, please visit our website at [ddcorlando.com](http://ddcorlando.com), like us on Facebook, or call us to schedule an appointment at any of our three locations!