

Article in newspaper by a young patient who had the LINX procedure carried out by Mr D Nehra at St Anthony's Hospital

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Children suffer acid reflux too - and it can cause years of misery

- **Kirsty Milne, 18, suffered from gastric reflux since she was 13**
- **At 17 she was diagnosed with gastroesophageal reflux disease (GORD)**
- **Kirsty's lower oesophageal sphincter muscle had no strength**
- **The student at Exeter University had a Linx band fitted**

By [CARA LEE FOR THE DAILY MAIL](#)

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Kirsty, 18, was diagnosed with gastroesophageal reflux disease (GORD) at age 17

Every night after her family meal, Kirsty Milne went to her bedroom where she stayed alone for the rest of the evening.

But the teenager wasn't being moody - she was embarrassed. From the age of 13 she'd suffered from gastric reflux and within a few years it occurred whenever she ate or drank, coming up for as long as two hours afterwards. 'It was really unpleasant,' recalls Kirsty, 18, a student at Exeter University.

At 17 her condition was properly diagnosed - she suffers from gastroesophageal reflux disease (GORD), characterised by heartburn, burping and nausea (although she didn't have these symptoms), and regurgitating food. Also called acid reflux, it is largely considered an adult's disease, with one in five adults suffering from it at least once a week. But about 5 per cent of children and teenagers experience these same symptoms on at least a monthly basis.

GORD causes stomach acid to spill up the oesophagus (gullet). Usually it's due to weakness of the lower oesophageal sphincter, the valve at the bottom of the oesophagus that lets food into the stomach and closes afterwards to ensure acid doesn't leak back up.

Long term, GORD can damage the cells in the gullet's lining, increasing the risk of Barrett's oesophagus. This condition affects one in ten people with GORD and one in 200 people with Barrett's goes on to develop oesophageal cancer.

Two weeks ago the Be Clear On Cancer campaign was launched, urging people with heartburn most days for three weeks to visit their doctor because this can be a sign of oesophagael or stomach cancer.

The rise in childhood obesity means more young people are suffering with acid reflux, says Anton Emmanuel, a consultant gastroenterologist at University College Hospital, London. 'If the stomach is overfilled it makes more acid, so more can leak upwards,' he says.

If someone has these problems as a child, it's likely to continue to be a problem in adulthood, explains Mike Thomson, a consultant paediatric gastroenterologist at Sheffield Children's NHS Foundation Trust.

He says: 'Often adults with acid reflux realise they had it during childhood without knowing what it was. And even GPs don't always recognise that children and young people can suffer acid reflux, delaying their treatment. Often the symptoms can be vague. But acid reflux should be considered by GPs if children experience pain when eating or when they wake up.' (Acid is more likely to splash back up the gullet in a horizontal position.)



In July 2014 she underwent a keyhole procedure to place a 'bracelet' of magnetic beads around the lower part of her oesophagus. The device, called the Linx band, is available privately and on the NHS

GORD is different from the kind of reflux affecting newborns. Here the lower oesophageal sphincter relaxes at the wrong time, allowing acid to rise up the gullet; this tends to resolve itself when children start to walk - 'being in a upright position helps the food go down more easily,' says Dr Emmanuel.

In January, the National Institute for Health and Care Excellence (NICE) published guidelines for doctors, stressing the need to differentiate between infant reflux and GORD; they should also review a child's symptoms if regurgitation becomes more serious and refer them to a specialist.

As Professor Mark Baker, the director for the centre for clinical practice at NICE, pointed out: 'If not treated, GORD can lead to malnutrition in children, cause ulcers in the oesophagus and can have psychological effects on a child's relationship with food.'

Kirsty underwent a barrage of hospital tests to find out what was wrong after first seeing her GP at 15, including gastroscopies - where an endoscope (a tube with a camera at the end) is inserted into the stomach to inspect it.

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She was given the same treatments as adults - antacids to neutralise stomach acids, then proton pump inhibitors, drugs that suppress the amount of acid the stomach produces, but neither helped.

By 17 Kirsty had lost about a stone in two years (she's 5ft tall), because eating had become so difficult, and her parents decided to see a private gastroenterologist. He carried out a gastroscopy and another test, which involved squirting water down her throat. They revealed Kirsty's lower oesophageal sphincter muscle had no strength, though she was told there was no reason for this. And no NHS doctors had previously even mentioned the muscle.

In July 2014 she underwent a keyhole procedure to place a 'bracelet' of magnetic beads around the lower part of her oesophagus. The pressure of the food passing down the gullet gently pushes the beads apart; but the magnetic pull prevents food passing back up.

The device, called the Linx band, is available privately and on the NHS at four hospitals in London and one in Devon. 'After surgery the team wanted me to use the muscle by eating soft foods which were easier to go down,' says Kirsty. 'When it didn't come back up I felt very emotional, knowing I could eat normally again.' Dr Emmanuel warns it may be too early to know how effective the Linx band is long term but added it was 'promising' as two-thirds of patients have come off other medication.

Kirsty, who lives with fellow students in term time, says: 'I wouldn't have been able to go to university without the procedure - it's transformed my life.'