

## PEPTIC ULCERS

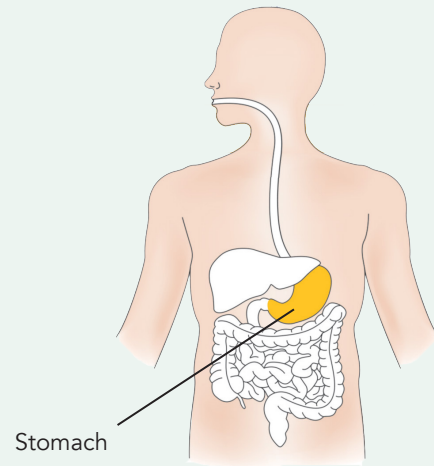
### Important information regarding your health

An ulcer caused by the deterioration of the lining of the stomach or the duodenum (the first part of the small intestine just below the stomach) is called a peptic ulcer. The leading causes of peptic ulcers are the bacteria *Helicobacter pylori* (*H. pylori*) and long-term use of nonsteroidal anti-inflammatory agents, such as aspirin and ibuprofen.

Peptic ulcers are quite common. About one-half million people develop a peptic ulcer each year in the United States. *H. pylori* infection is common and infects people in childhood. How *H. pylori* is transmitted is not entirely understood. However, food that has not been properly washed or cooked and contaminated drinking water are two likely sources.

*H. pylori* causes peptic ulcers by damaging the protective mucous lining of the stomach and duodenum. The damage allows stomach acid to get through to the stomach lining beneath. Together, the stomach acid and *H. pylori* damage the lining of the stomach or duodenum and cause an ulcer.

However, most people infected with *H. pylori* never develop ulcers. Why the bacteria causes ulcers in some people and not in others is unknown. It is likely that development of ulcers depends on how the infected person's immune system responds to the bacteria, the type (strain) of *H. pylori* present, and other factors researchers have yet to discover.



### Common Symptoms:

Most people experience only mild symptoms, or none at all. Abdominal discomfort is the most common symptom of both gastric and duodenal ulcers. The discomfort is present between the navel and the breastbone, and:

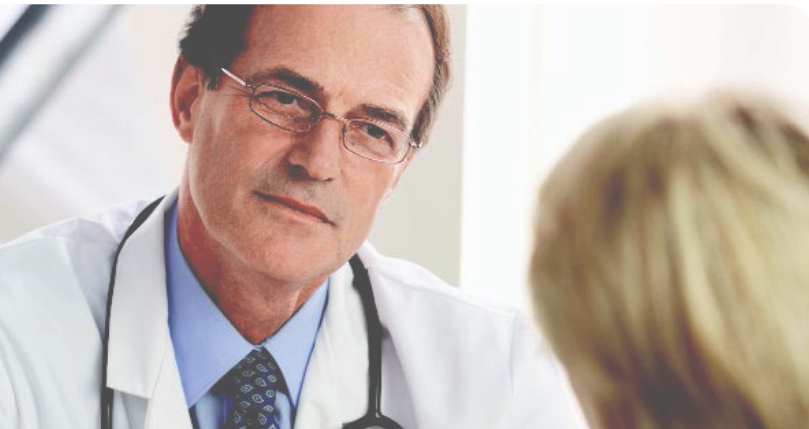
- Is a dull or burning pain
- Occurs when the stomach is empty, i.e., between meals or during the night
- May be briefly relieved by eating food (for duodenal ulcers only)
- May be briefly relieved by taking antacids (for gastric or duodenal ulcers)
- Lasts for minutes to hours
- Comes and goes for several days or weeks

### Other symptoms of a peptic ulcer include:

- Weight loss, poor appetite, bloating, burping, nausea, vomiting

### If you experience any of the following symptoms, call your physician immediately:

- Sharp, sudden, persistent, and severe stomach pain
- Bloody or black stools
- Bloody vomit or vomit that looks like coffee grounds





## For more information:

### American College of Gastroenterology

P. O. Box 342260  
Bethesda, MD 20827-2260  
**Phone:** 301.263.9000  
**Internet:** [www.gi.org](http://www.gi.org)

### American Gastroenterological Association

4930 Del Ray Avenue  
Bethesda, MD 20814  
**Phone:** 301.654.2055  
**Internet:** [www.gastro.org](http://www.gastro.org)

## Diagnosis:

Accurate diagnosis is important in order for your physician to determine the best course of treatment. In performing an upper endoscopy, your gastroenterologist removes small tissue specimens (biopsies). These biopsies are then microscopically examined by a pathologist - a physician who specializes in the diagnosis of disease via microscopic examination of a tissue sample - to determine if *H. pylori* is present or if another condition persists. The pathologist's diagnosis is the key to determining the need for further treatment.

## Treatment Options:

Ulcers caused by *H. pylori* are typically treated with drugs that kill the bacterium, reduce stomach acid, and protect the stomach and duodenal lining. Antibiotic regimens may differ throughout the world because some strains of *H. pylori* have become resistant to certain antibiotics. Medicines that reduce stomach acid such as proton pump inhibitors (PPIs) and histamine receptor blockers (H2 blockers) are also used. Both acid-reducing medicines help relieve peptic ulcer pain after a few weeks and promote ulcer healing.

## Questions to Ask Your Healthcare Provider:

- Can future *H. pylori* infections be prevented?
- What treatment option is best for me?
- What side effects are associated with the treatment?
- What additional tests are needed?

## Physician Notes:

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11025 RCA Center Drive, Suite 300  
Palm Beach Gardens, FL 33410

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

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