



SMI newsletter



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Welcome Dr Manjunath Siddaiah-Subramanya & Devlin Malone

Oesophago-Gastric, Bariatric and General Surgery services now available at SMI

Long time SMI staff member Devlin Malone has completed his Masters degree and is available in clinic now

SMI are pleased to announce that Dr Manjunath Siddaiah-Subramanya has joined the team. Dr Manjunath specialises in Oesophageal & Gastric Cancers, Reflux Disease & Hiatus Hernias, Achalasia & Oesophageal Motility Disorders, Sleeve Gastrectomy, Roux en Y Bypass, Single Anastomosis Bypass, Gallstone Disease, Gastroscopy & Colonoscopy, Abdominal & Groin Hernias. Dr Manjunath is available for appointments on Thursdays and a referral is required.

Long time employee Devlin Malone has now completed his Masters in Physiotherapy and is now a qualified Exercise Physiologist and Physiotherapist. Those of you that have been coming to SMI for a while, or are a member of Genisys Gymnasium, will know Devlin's smiling face well. Devlin is available for appointments at various times Monday to Friday.





Reflux



Overview- What is reflux?

It is a condition when acid from the stomach rises up into your Oesophagus (food pipe) causing discomfort. Unlike the stomach the Oesophagus is not designed to handle the acid in excess and gets irritated causing pain or burning sensation known as 'heartburn'. People with reflux or Gastro-Oesophageal Reflux Disease (GORD) may have typical or atypical symptoms.

The reflux can affect either the lower or upper Oesophageal sphincter (valve) and the symptoms sometimes depend on this. The reflux affecting the upper Oesophageal valve is referred to as Laryngopharyngeal reflux.

The reflux could be acid or non-acid reflux and the tests may vary accordingly. Reflux can affect all genders and all age groups.



DR MANJUNATH SIDDAIAH-SUBRAMANYA

Oesophago-Gastric, Bariatric and General
Surgeon

Manjunath Subramanya is a consultant Oesophago-Gastric, Bariatric and General surgeon. He undertook surgical training in UK and Australia. He has a public appointment at Bankstown-Lidcombe Hospital and works at various private hospitals.



Reflux



When does Heartburn occur?

Heartburn can occur at anytime. It generally becomes worse after eating, while lying down or bending over. Night-time reflux is common because the acid tends to pool in the oesophagus while lying down. Furthermore, acid also tends to come up to the throat while lying down or bending over, which is referred to as 'regurgitation'. Standing position and gravity pushes the acid back into the stomach

Symptoms

Typical symptoms are heartburn and regurgitation. These are more common.

Heartburn

As the acid refluxes back into your Oesophagus or food pipe it causes burning sensation behind the lower part of the chest or upper part of the abdomen. This may or may not be related to food intake but tends to happen most often after eating or on lying down flat.

Regurgitation

As the volume of reflux increases, it tends to ascend higher up into the Oesophagus and come up all the way, sometimes into the throat. It may also cause vomiting. It happens more often on bending down or doing strenuous exercise when abdominal muscles are under contraction.

Atypical symptoms are uncommon or resultant of long standing reflux when it starts to affect the motility of the Oesophagus as well

Hoarseness

As stomach acid comes up onto your voice box or larynx, you may find your voice sounds more hoarse or harsh than usual. This symptom may be particularly noticeable in the morning since acid is often more likely to move up the throat when you are lying down flat all night.

GASTROESOPHAGEAL REFLUX



Reflux



Throat problems

Acid reflux into the pharynx, or back of the throat, can also cause atypical symptoms. You may feel as if you constantly have a sore throat, or always need to clear your throat. Additionally, it may feel as if there is a lump in the back of your throat that won't go away. Other symptoms include frequent hiccups, trouble swallowing, or a nagging cough.

Respiratory problems

People with silent reflux can experience wheezing or difficulty catching their breath as a result of airway irritation due to acid reflux. LPR can often exacerbate underlying asthma and make it more difficult to treat.

Tooth decay

Stomach acid that backs up into the mouth can erode or eat away at the protective enamel of the teeth, causing teeth to become fragile and discoloured.

Investigating and treating reflux

If your doctor suspects reflux, they may order some tests to confirm their diagnosis and determine which treatment option is best for you. These include:

- **Gastroscopy:** This allows surgeons to assess the degree of inflammation and rule out any other pathologies.



- Oesophageal physiology: This includes two tests (24 hour Ph monitoring and manometry) and involves a thin tube being inserted into the patients Oesophagus via their nose. These ascertain the degree of acid reflux and the functional ability of the Oesophagus.
- Medical management involving antacid medications (Proton pump inhibitor – PPI such as esomeprazole, pantoprazole, lansoprazole, rabeprazole, omeprazole and others) along with lifestyle modification is the initial treatment unless complications from GORD are found, medical treatment fails and if patients prefer.
- PPI
- Laparoscopic fundoplication: This is a key-hole operation to tighten the junction between the Pesophagus and stomach, and wrapping of the stomach around the lower part of the Oesophagus to recreate a valve to prevent acid reflux. This is a long-lasting treatment compared to PPI.

Lifestyle changes can also help reduce reflux symptoms. Your doctor may recommend:

- Quitting smoking
- Avoiding alcohol
- Eliminating caffeine
- Losing weight
- Ditching meals three hours prior to bedtime
- Elevating the head of your bed or sleeping on 2-3 pillows
- Avoiding restrictive clothing
- Dietary changes (Foods that are fatty, fried, spicy, or include mint or chocolate should be avoided)

Foods (some) to avoid:

- Chocolate
- Peppermint
- Fatty, deep fried and spicy food
- Coffee and tea
- Onion and garlic
- Alcohol
- Citrus fruits and juices
- Carbonated or fizzy drinks
- Tomato



Reflux



What are the main causes of reflux?

- Obesity
- Smoking
- Helicobacter Pylori Infection
- Hiatus Hernia
- Diseases and medications that cause reduced stomach emptying (e.g. diabetes) and certain foods such as chocolate, caffeine and carbonated drinks

What is the best way to treat reflux?

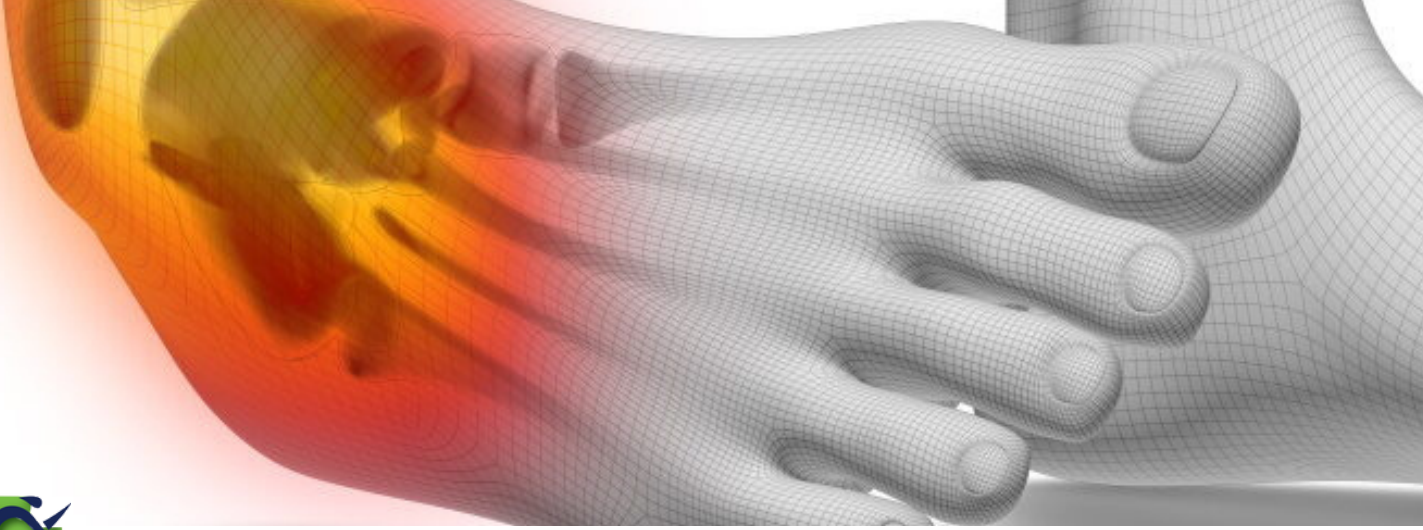
Depends on if the reflux is minor or severe and if there is an associated hiatus hernia.

If minor and not associated with a large hiatus hernia, then medication treatment would suffice. But if the reflux is severe, not responding to medical treatment (PPI) or associated with a larger Hiatus Hernia, then you would need surgery called fundoplication

What does it mean if you have reflux?

- Gastro-Oesophageal reflux is a normal phenomenon. It happens when the stomach acid rises up into your Oesophagus and throat.
- Gastro-Oesophageal reflux disease, on the other hand, is chronic reflux of stomach contents or bile into the Oesophagus causing symptoms with or without complications.
- Unlike the stomach which is designed to withstand acid, the delicate lining of the Oesophagus and throat gets irritated by acid causing symptoms





Lateral Ankle Sprain Rehabilitation

What are ankle sprains?

One of the most common injuries seen in the clinic are ankle sprains, which involves the stretch or tear (partial or complete) of the ligaments of the ankle. The mechanism of injury generally involves inversion and plantarflexion of the ankle along with a rapid shift of body center of mass over the weight-bearing foot, causing the ankle to roll outwards, whilst the foot turns inwards, ultimately stretching the ligaments on the lateral side of the ankle.



DEVLIN MALONE

Physiotherapist/Exercise Physiologist

Devlin graduated from Sydney University with a Bachelor of Applied Science (Exercise Physiology) in 2020 and a Master of Physiotherapy in 2022. Dual qualification allows Devlin to work with you in any stage of your rehabilitation whether it be from initial injury or later stage strength and conditioning in order to get you back to your best.



Lateral Ankle Sprain Rehabilitation

Ankle Anatomy

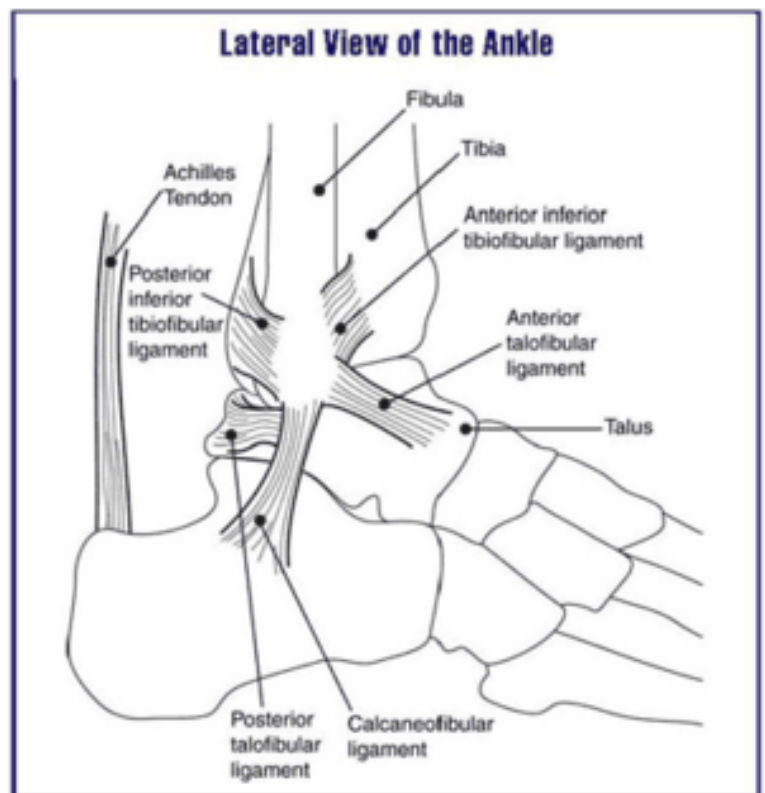
The lateral ankle has 3 stabilising ligaments, which include the ATFL, CFL and PTFL ligaments, with the ATFL being the most commonly injured ligament

Risk factors:

- Previous lateral ankle sprains
- Uneven playing surfaces
- Poor fitting shoes
- Poor physical conditioning

Diagnosis:

Lateral ankle sprains can be diagnosed both clinically and through radiographs, specifically an MRI. There are a range of tests, which physios will use in the clinic to determine what ligaments are injured and to what extent they are. It is important however to firstly rule out any fractures or breaks to the bones surrounding the ankle and foot when assessing the ankle.



There are 3 grades of ankle sprains and these include:

- Grade 1 - Mild pain and minimal tearing of ligament fibres.
- Grade 2 - Moderate degree of pain, visible swelling and partial tearing of the ligament fibres.
- Grade 3 - Severe pain, significant swelling, joint instability and complete rupture of the ligament fibres.



Lateral Ankle Sprain Rehabilitation

Treatment:

Treatment will vary depending on the individual's grade of injury, presentation and current symptoms, however rehabilitation can be divided into 3 key stages. These are as follows:

Stage 1: The aim of this stage is to promote healing. This involves decreasing pain levels as well as reducing swelling around the area through the use of ice, compression, elevation and analgesics. Gradual weight bearing is also encouraged early on as pain permits to reduce the effects of deconditioning and to allow for improvements in function to be had as early as possible.

Stage 2: The aim of this stage is to restore and increase the strength and function of the muscles acting at the ankle. This involves facilitating full ankle range of motion, increasing strength of the muscles surrounding the ankle, improving proprioception and balance as well as improving the conditioning of the muscles to withstand greater loads such as with running for longer periods of time. Soft tissue therapy, joint mobilisations and a graduated exercise program targeting the individuals deficits will be paramount in this stage.

Stage 3: The aim of this stage is to reintegrate the individual back into sport specific movements in order to facilitate the return to sport, work and other lifestyle activities and hobbies. This involves completing movements and activities that are specific to the individual's sport or lifestyle habits such as changing direction or bounding. It is expected that the individual is pain free in all activities at this stage of the rehab.

How can we help?

Our physiotherapists will be able to assess and diagnose your lateral ankle sprain clinically, before treating the issue with hands on therapy and an individualized rehabilitation program that'll target the individual's goals and specific needs in order to facilitate a return to their pre-injury function and activities. To book an appointment with Devlin CALL US on 9525 3444.