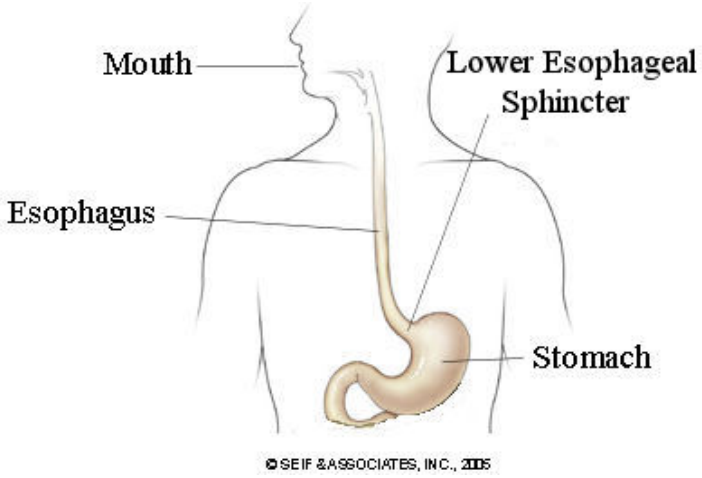
Esophageal Spasm

Esophageal spasm is an uncoordinated contraction of the muscles of the *esophagus* (the tube which carries food from your mouth to your stomach). Normally, the muscles of the esophagus alternate between contraction and relaxation starting from the top of the esophagus and working down to the bottom. This moves the food from the mouth to the stomach. In esophageal spasm, all the muscles contract at once. This causes pain and fails to move the food along. As a result, you may have trouble swallowing.

Women are more likely than men to have esophageal spasm. The cause of the spasms is not known. Sometimes eating hot or cold foods triggers the condition and this may be due to a hypersensitive esophagus. This is not an infectious disease and cannot be passed to others.



SYMPTOMS

Symptoms of esophageal spasm may include: chest pain,burning or pain with swallowing, and difficulty swallowing.

DIAGNOSIS

Esophageal spasm can be diagnosed by a test called *manometry* (pressure studies in the esophagus). In this test, a special tube is inserted down the esophagus. The tube measures the muscle activity of the esophagus. Abnormal contractions mixed with normal movement helps confirm the diagnosis.

A person with a hypersensitive esophagus may be diagnosed by inflating a long balloon in the person's esophagus. If this causes the same symptoms, preventive methods may work.

PREVENTION

Avoid hot or cold foods if that seems to be a trigger.

PROGNOSIS

This condition does not go away, nor is treatment entirely satisfactory. Patients need to be careful of what they eat. They need to continue on medication if or when a beneficial one is found. Fortunately, the condition does not get progressively worse as time passes.

Esophageal spasm does not usually lead to more serious problems but sometimes the pain can be disabling. If a person becomes afraid to eat they may become malnourished and lose weight.

TREATMENT

- A procedure in which instruments of increasing size are inserted through the esophagus to enlarge (*dilate*) it are used.
- Medications that decrease acid-production of the stomach may be used such as proton-pump inhibitors or H2-blockers.
- Medications of several types can be used to relax the muscles of the esophagus.
- An individual with a hypersensitive esophagus sometimes improves with low doses of medications normally used for depression.
- No treatment for esophageal spasm is effective for everyone. Often several approaches will be tried before one works. In many cases, the symptoms will improve, but will not go away completely.
- For severe cases, relief is obtained two-thirds of the time by cutting the muscles along the entire length of the esophagus. This is a major surgical procedure.

- Your symptoms are usually the best guide to how well the treatment for esophageal spasm works.

SIDE EFFECTS OF TREATMENTS

- Nitrates can cause headaches and low blood pressure.
- Calcium channel blockers can cause:
  - Feeling sick to your stomach (*nausea*).
  - Constipation and other side effects.
- Antidepressants can cause side effects that depend on the medication used.

HOME CARE INSTRUCTIONS

- Let your caregiver know if problems are getting worse, or if you get food stuck in your esophagus for longer than 1 hour and are unable to swallow liquid.
- Take medications as directed and with permission of your caregiver. Ask about what to do if a medication seems to get stuck in your esophagus. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Soft and liquid foods pass more easily than solid pieces.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop severe chest pain, especially if the pain is crushing or pressure-like and spreads to the arms, back, neck, or jaw, or if you have sweating, nausea, or shortness of breath. **THIS COULD BE AN EMERGENCY.** Do not wait to see if the pain will go away. Get medical help at once. Call 911 or 0 (operator). **DO NOT** drive yourself to the hospital.
- Your chest pain gets worse and does not go away with rest.
- You have an attack of chest pain lasting longer than usual despite rest and treatment with the medications your physician has prescribed.
- You wake from sleep with chest pain or shortness of breath.
- You feel dizzy or faint.
- You have chest pain, not typical of your usual pain, caused by your esophagus for which you originally saw your caregiver.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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