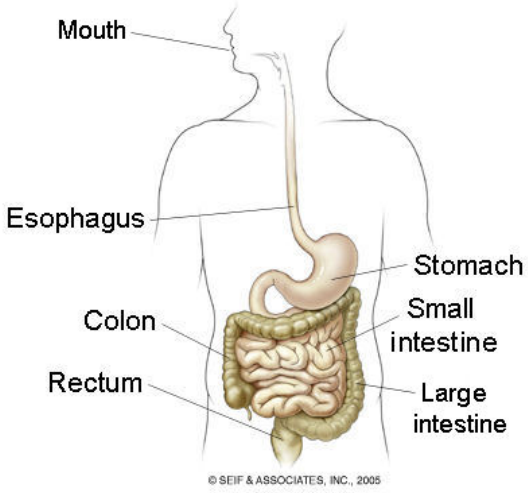
# Helicobacter Pylori and Ulcer Disease

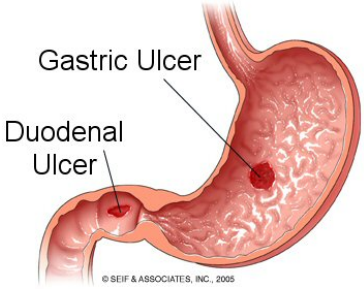
An ulcer may be in your stomach (*gastric ulcer*) or in the first part of your small bowel, which is called the duodenum (*duodenal ulcer*). An ulcer is a break in the stomach or duodenum lining. The break wears down into the deeper tissue. Helicobacter pylori (*H. pylori*) is a type of germ (*bacteria*) that may cause the majority of gastric or duodenal ulcers.




## CAUSES

- A germ (*bacterium*). H. pylori can weaken the protective mucous coating of the stomach and duodenum. This allows acid to get through to the sensitive lining of the stomach or duodenum and an ulcer can then form.
- Certain medications.
- Using substances that can bother the lining of the stomach (alcohol, tobacco or medications such as Advil or Motrin) in the presence of H.pylori infection. This can increase the chances of getting an ulcer.
- Cancer (rarely).

Most people infected with H. pylori do not get ulcers. It is not known how people catch H. pylori. It may be through food or water. H. pylori has been found in the saliva of some infected people. Therefore, the bacteria may also spread through mouth-to-mouth contact such as kissing.




## SYMPTOMS

The problems (*symptoms*) of ulcer disease are usually:

- A burning or gnawing of the mid-upper belly (*abdomen*). This is often worse on an empty stomach. It may get better with food. This may be associated with feeling sick to your stomach (*nausea*), bloating and vomiting.
- If the ulcer results in bleeding, it can cause:
  - Black, tarry stools.
  - Throwing up bright red blood.
  - Throwing up coffee ground looking materials.

With severe bleeding, there may be loss of consciousness and shock.

Besides ulcer disease, H. pylori can also cause chronic gastritis (irritation of the lining of the stomach without ulcer) or stomach acid-type discomfort. You may not have symptoms even though you have an H. pylori infection. Although this is an infection, you may not have usual infection symptoms (such as fever).

## DIAGNOSIS

Ulcer disease can be diagnosed in many different ways. If you have an ulcer, it is important to know whether or not it is caused by H. Pylori. Treatment for an ulcer caused by H. pylori is different from that for an ulcer with other causes. The best way to detect H. pylori is taking tissue directly from the ulcer during an endoscopy test.

- An endoscopy is an exam that uses an endoscope. This is a thin, lighted tube with a small camera on the end. It is like a flexible telescope. The patient is given a drug to make them calm (*sedative*). The caregiver eases the endoscope into the mouth and down the throat to the stomach and duodenum. This allows the doctor to see the lining of the esophagus, stomach and duodenum.
- If an endoscopy is not needed, then H. pylori can be detected with tests of the blood, stool or even breath.

## TREATMENT

- H. pylori peptic ulcer treatment usually involves a combination of:
  - Medicines that kill germs (*antibiotics*).
  - Acid suppressors.
  - Stomach protectors.
- The use of only one medication to treat H. pylori is not recommended. The most proven treatment is a 2 week course of treatment called triple therapy. It involves taking two antibiotics to kill the bacteria and either an acid suppressor or stomach-lining shield. Two-week triple therapy reduces ulcer symptoms, kills the bacteria, and prevents ulcers from coming back in many patients.
- Unfortunately, patients may find triple therapy hard to do. This is because it involves taking as many as 20 pills a day. Also, the antibiotics used in triple therapy may cause mild side effects. These include nausea, vomiting, diarrhea, dark stools, a metallic taste in the mouth, dizziness, headache and yeast infections in women. Talk to your caregiver if you have any of these side effects.

## HOME CARE INSTRUCTIONS

- Take your medications as directed and for as long as prescribed. Contact your caregiver if you have problems or side effects from your medications.
- Continue regular work and usual activities unless told otherwise by your caregiver.
- Avoid tobacco, alcohol and caffeine. Tobacco use will decrease and slow healing.
- Avoid medications that are harmful. This includes aspirin and NSAIDS such as ibuprofen and naproxen.
- Avoid foods that seem to aggravate or cause discomfort.
- There are many over-the-counter products available to control stomach acid and other symptoms. Discuss these with your caregiver before using them. **DO NOT** stop taking prescription medications for over-the-counter medications without talking with your caregiver.
- Special diets are not usually needed.
- Keep any follow-up appointments and blood tests as directed.

## SEEK MEDICAL CARE IF:

- Your pain or other ulcer symptoms do not improve within a few days of starting treatment.
- You develop diarrhea. This can be a problem related to certain treatments.
- You have ongoing indigestion or heartburn even if your main ulcer symptoms are improved.
- You think you have any side effects from your medications or if you do not understand how to use your medications right.

## SEEK IMMEDIATE MEDICAL CARE IF:

Any of the following happen:

- You develop bright red, rectal bleeding.
- You develop dark black, tarry stools.
- You throw up (*vomit*) blood.
- You become light-headed, weak, have fainting episodes, or become sweaty, cold and clammy.
- You have severe abdominal pain not controlled by medications. **DO NOT** take pain medications unless ordered by 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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