

What I need to know about Peptic Ulcers



U.S. Department
of Health and
Human Services

NATIONAL INSTITUTES OF HEALTH

NIDDK NATIONAL INSTITUTE OF
DIABETES AND DIGESTIVE
AND KIDNEY DISEASES

National Digestive Diseases
Information Clearinghouse

What I need to know about Peptic Ulcers



U.S. Department
of Health and
Human Services

NATIONAL INSTITUTES OF HEALTH

NIDDK | NATIONAL INSTITUTE OF
DIABETES AND DIGESTIVE
AND KIDNEY DISEASES

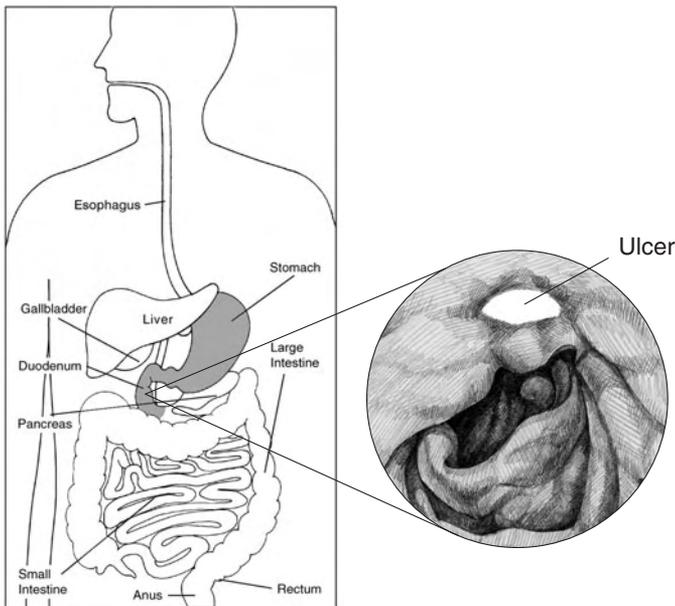
National Digestive Diseases
Information Clearinghouse

Contents

What is a peptic ulcer?.....	1
What causes peptic ulcers?.....	2
What are the symptoms of peptic ulcers?	4
How are peptic ulcers diagnosed?	6
How are peptic ulcers treated?	7
Can antacids or milk help peptic ulcers heal?	9
What if peptic ulcers don't heal?	10
Can peptic ulcers come back?	11
What can I do to prevent peptic ulcers?	11
Points to Remember	12
Hope through Research	14
Pronunciation Guide.....	15
For More Information	15
Acknowledgments	16

What is a peptic ulcer?

A peptic ulcer is a sore in the lining of your stomach or **duodenum**.* The duodenum is the first part of your small intestine. A peptic ulcer in the stomach is called a gastric ulcer. One that is in the duodenum is called a duodenal ulcer. A peptic ulcer also may develop just above your stomach in the **esophagus**, the tube that connects the mouth to the stomach. But most peptic ulcers develop in the stomach or duodenum.



Peptic ulcers occur in the lining of your stomach, duodenum, or esophagus.

*See page 15 for tips on how to say the words in **bold** type.

Many people have peptic ulcers. You can have both gastric and duodenal ulcers at the same time and you also can have more than one ulcer in your lifetime.

Peptic ulcers can be treated successfully. Seeing your doctor is the first step.

What causes peptic ulcers?

Most peptic ulcers are caused by

- *Helicobacter pylori* (*H. pylori*), a germ that causes infection
- nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen



Nonsteroidal anti-inflammatory drugs can cause peptic ulcers.

H. pylori is the most common cause of peptic ulcers. Doctors think *H. pylori* may be spread through unclean food or water or by mouth-to-mouth contact, such as kissing. Even though many people have an *H. pylori* infection, most of them never develop an ulcer.

Use of NSAIDs is the second most common cause of peptic ulcers. But not everyone who takes NSAIDs gets a peptic ulcer. Ulcers caused by NSAIDs are more often found in people who

- are age 60 or older
- are female
- have taken NSAIDs for a long time
- have had an ulcer before

Other causes of peptic ulcers are rare. One rare cause is Zollinger-Ellison syndrome—a disease that makes the body produce too much stomach acid, which harms the lining of the stomach or duodenum.

Stress or spicy food does not cause peptic ulcers, but either can make ulcer symptoms worse.

What are the symptoms of peptic ulcers?

A dull or burning pain in your stomach is the most common symptom of peptic ulcers. You may feel the pain anywhere between your belly button and breastbone. The pain often

- starts between meals or during the night
- briefly stops if you eat or take antacids
- lasts for minutes to hours
- comes and goes for several days or weeks

Other symptoms of peptic ulcers may include

- weight loss
- poor appetite
- bloating
- burping
- vomiting
- feeling sick to your stomach



A dull or burning pain in your stomach is the most common symptom of peptic ulcers.

Even if your symptoms are mild, you may have peptic ulcers. You should see your doctor to talk about your symptoms. Peptic ulcers can get worse if they aren't treated.

Call your doctor right away if you have

- sudden sharp stomach pain that doesn't go away
- black or bloody stools
- bloody vomit or vomit that looks like coffee grounds

These symptoms could be signs an ulcer has

- broken a blood vessel
- gone through, or perforated, your stomach or duodenal wall
- stopped food from moving from your stomach into the duodenum

These symptoms must be treated quickly. You may need surgery.



Call your doctor if the pain gets worse.

How are peptic ulcers diagnosed?

Tell your doctor about your symptoms and which medicines you take. Be sure to mention those you get without a prescription, such as Bayer, Motrin, Advil, or Aleve. These medicines are all NSAIDs.

To see if you have an *H. pylori* infection, your doctor will test your blood, breath, or stool. About half of all people who develop an ulcer from NSAIDs also have an *H. pylori* infection.

Your doctor also may want to look inside your stomach and duodenum by doing an **endoscopy** or an upper gastrointestinal (GI) series—a type of x ray. Both procedures are painless.



Peptic ulcers can show up on x rays.

For an endoscopy, you will be given medicine to relax you. Then the doctor will pass an endoscope—a thin, lighted tube with a tiny camera—through your mouth to your stomach and duodenum. Your doctor also may take a small piece of tissue—no bigger than a match head—to look at through a microscope. This process is called a **biopsy**.

For an upper GI series, you will drink a liquid called **barium**. The barium will make your stomach and duodenum show up clearly on the x rays.

How are peptic ulcers treated?

If you have peptic ulcers, they can be cured. Depending on what caused your ulcers, your doctor may prescribe one or more of the following medicines:

- a proton pump inhibitor (PPI) or histamine receptor blocker (H2 blocker) to reduce stomach acid and protect the lining of your stomach and duodenum
- one or more antibiotics to kill an *H. pylori* infection
- a medicine that contains bismuth subsalicylate, such as Pepto-Bismol, to coat the ulcers and protect them from stomach acid

These medicines will stop the pain and help heal the ulcers.

If an NSAID caused your peptic ulcers, your doctor may tell you to

- stop taking the NSAID
- reduce how much of the NSAID you take
- take a PPI or H2 blocker with the NSAID
- switch to another medicine that won't cause ulcers

You should take

- only the medicines your doctor tells you to take
- all medicines exactly as your doctor tells you to, even if your pain stops

Tell your doctor if the medicines make you feel sick or dizzy or cause diarrhea or headaches. Your doctor can change your medicines.

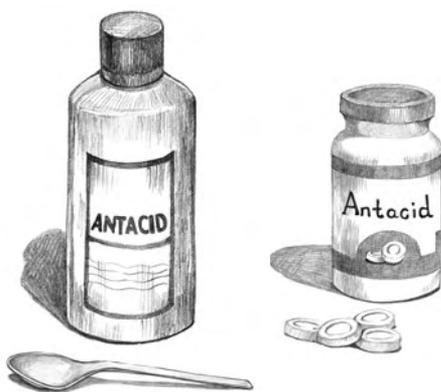
And if you smoke, quit. You also should avoid alcohol. Smoking and drinking alcohol slow the healing of ulcers and can make them worse.

Can antacids or milk help peptic ulcers heal?

Neither antacids—such as Tums—nor milk can heal peptic ulcers, although each may make you feel better briefly. Check with your doctor before taking antacids or drinking milk while your ulcers are healing.

Some of the antibiotics used for *H. pylori* infection may not work as well if you take antacids. And while antacids may make ulcer pain go away for a while, they won't kill the *H. pylori* germ. Only antibiotics can do that.

Many people used to think that drinking milk helped peptic ulcers heal. But doctors know now that while milk may make ulcers feel better briefly, it also increases stomach acid. Too much stomach acid makes ulcers worse.



Check with your doctor before taking antacids while your ulcers are healing.

What if peptic ulcers don't heal?

In many cases, medicines heal ulcers. If an *H. pylori* infection caused your ulcers, you must finish all antibiotics and take any other medicines your doctor prescribes. The infection and ulcers will only heal if you take all medicines as prescribed.

When you have finished your medicines, your doctor will do a breath or stool test to be sure the *H. pylori* infection is gone. Sometimes, the *H. pylori* germ is still there, even after a person has taken all the medicines correctly. If that happens, your doctor will prescribe different antibiotics to get rid of the infection and cure your ulcers.

Rarely, surgery is needed to help ulcers heal. You may need surgery if your ulcers

- don't heal
- keep coming back
- bleed
- perforate the stomach or duodenal wall
- block food from moving out of the stomach

Surgery can

- remove the ulcers
- reduce the amount of acid in your stomach

Can peptic ulcers come back?

Yes. If you smoke or take NSAIDs, your ulcers may come back. If you need to take an NSAID, your doctor may switch you to a different medicine or add medicines to help prevent ulcers.

What can I do to prevent peptic ulcers?

To help prevent ulcers caused by *H. pylori*,

- wash your hands with soap and water after using the bathroom and before eating
- eat food that has been washed well and cooked properly
- drink water from a clean, safe source



To help prevent ulcers caused by NSAIDs,

- stop using NSAIDs, if possible
- take NSAIDs with a meal, if you still need NSAIDs
- use a lower dose of NSAIDs
- ask your doctor about medicines to protect your stomach and duodenum while taking NSAIDs
- ask your doctor about switching to a medicine that won't cause ulcers

Points to Remember

- A peptic ulcer is a sore in the lining of the stomach, duodenum, or esophagus.
- *Helicobacter pylori* (*H. pylori*), a germ, is the most common cause of peptic ulcers.
- Use of nonsteroidal anti-inflammatory drugs (NSAIDs)—such as aspirin and ibuprofen—is the second most common cause of peptic ulcers.
- Neither stress nor spicy food causes peptic ulcers. But like smoking or drinking alcohol, either can make ulcer symptoms worse.
- If *H. pylori* caused the ulcers, antibiotics are taken to kill the germ.

- If NSAIDs caused the ulcers, a doctor will decide the best treatment.
- Medicines that reduce stomach acid and protect the lining of the stomach and duodenum help ulcers heal.
- Tips to help prevent ulcers caused by *H. pylori* infection include
 - washing your hands after using the bathroom and before eating
 - eating properly prepared food
 - drinking water from a clean, safe source
- Tips to help prevent ulcers caused by NSAIDs include
 - stopping NSAIDs, if possible
 - taking NSAIDs with a meal
 - using a lower dose of NSAIDs
 - talking with your doctor about medicines to protect your stomach and duodenum while taking NSAIDs
 - asking your doctor about switching to a medicine that won't cause ulcers

Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports research into many kinds of digestive disorders, including peptic ulcers. Scientists are working to identify

- antibiotics that will treat the *H. pylori* infection in less time
- antibiotic combinations that get rid of hard-to-treat *H. pylori* infections
- ways the *H. pylori* germ spreads and infects people
- new NSAIDs and medicines that offer the same benefits of NSAIDs but that won't cause ulcers
- new medicines to protect the lining of the stomach and duodenum

Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research. For information about current studies, visit www.ClinicalTrials.gov.

Pronunciation Guide

barium (BA-ree-uhm)

biopsy (BY-op-see)

duodenum (doo-OD-uh-nuhm)

endoscopy (en-DOSS-kuh-pee)

esophagus (uh-SOF-uh-guhss)

Helicobacter pylori (HEL-uh-koh-BAK-tur)
(py-LOR-eye)

For More Information

American College of Gastroenterology

P.O. Box 342260

Bethesda, MD 20827-2260

Phone: 301-263-9000

Internet: www.acg.gi.org

American Gastroenterological Association

4930 Del Ray Avenue

Bethesda, MD 20814

Phone: 301-654-2055

Fax: 301-654-5920

Email: member@gastro.org

Internet: www.gastro.org

Acknowledgments

Publications produced by the Clearinghouse are carefully reviewed by both NIDDK scientists and outside experts. The National Digestive Diseases Information Clearinghouse would like to thank the following individuals for assisting with the scientific and editorial review of the original version of this publication:

David A. Peura, M.D.
University of Virginia

Steven J. Czinn, M.D.
Case Western University

Thank you also to Anne Barker, R.N., at the Health Alliance, Columbia, MD, for facilitating field-testing of the original version of this publication.

The U.S. Government does not endorse or favor any specific commercial product or company. Trade, proprietary, or company names appearing in this document are used only because they are considered necessary in the context of the information provided. If a product is not mentioned, the omission does not mean or imply that the product is unsatisfactory.

National Digestive Diseases Information Clearinghouse

2 Information Way
Bethesda, MD 20892-3570
Phone: 1-800-891-5389
TTY: 1-866-569-1162
Fax: 703-738-4929
Email: nddic@info.niddk.nih.gov
Internet: www.digestive.niddk.nih.gov

The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1980, the Clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals, and the public. The NDDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about digestive diseases.

This publication is not copyrighted. The Clearinghouse encourages users of this booklet to duplicate and distribute as many copies as desired.

This booklet is also available at www.digestive.niddk.nih.gov.

This publication may contain information about medications. When prepared, this publication included the most current information available. For updates or for questions about any medications, contact the U.S. Food and Drug Administration toll-free at 1-888-INFO-FDA (1-888-463-6332) or visit www.fda.gov. Consult your health care provider for more information.



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
National Institutes of Health

NIDDK | NATIONAL INSTITUTE OF
DIABETES AND DIGESTIVE
AND KIDNEY DISEASES

NIH Publication No. 11-5042
October 2010