



Education

Stomach Ulcer (Gastric Ulcer)

What is a stomach ulcer?

A stomach ulcer, also called a gastric ulcer, is a raw area or open sore in the lining of the stomach.

How does it occur?

The stomach's lining has a protective layer of cells that produce mucus. The mucus prevents the stomach from being injured by stomach acids and digestive juices. When this protective layer is damaged, an ulcer may occur.

Stomach ulcers may develop from:

- the presence of bacteria called *Helicobacter pylori* (*H. pylori*), the most common cause of stomach ulcers
- decreased resistance of the lining of the stomach to stomach acid
- increased production of stomach acid.

Stomach ulcers are more likely to occur in people who:

- regularly take nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen, and naproxen
- smoke cigarettes.

Substances that increase the production of stomach acids, such as caffeine, may increase the risk of ulcers and are known to worsen the pain. Stress has been thought to contribute to ulcers, but its role in causing ulcers is not clear.

What are the symptoms?

Symptoms include:

- gnawing or burning abdominal pain, especially in the middle of the upper abdomen
- heartburn
- nausea
- pain that may get better with eating or taking antacids
- pain that may get worse a couple of hours after meals or sometimes may be worse before meals
- pain that awakens you during the night.

If an ulcer is bleeding, you may have:

- vomit containing bright red blood or digested blood that looks like brown coffee grounds
 - black, tarry bowel movements.
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It is possible, though unusual, to have an ulcer without any symptoms.

How is it diagnosed?

Your health care provider will review your symptoms, ask about your medical history, and examine you. You may have one or more of these tests:

- blood tests to look for H. pylori bacteria
- tests of a sample of your bowel movement to check for blood (which might come from a bleeding ulcer)
- blood test for anemia (which may be a sign of internal bleeding)
- upper GI x-ray (for this test you swallow liquid barium, which may allow your health care provider to see the ulcer on an x-ray)
- an upper endoscopy, which may allow your provider to see the ulcer with a thin flexible tube and tiny camera inserted through your mouth down into your stomach
- a biopsy, which involves taking a piece of tissue during an endoscopy and sending it to the lab to test for cancer and infection.

How is it treated?

The goals of treatment are pain relief, healing of the ulcer, and prevention of complications. Treatment can also help prevent recurrence of the ulcer.

You may stay in the hospital for the first stage of treatment if your symptoms are severe or if you are having complications, such as bleeding.

Your health care provider may prescribe:

- antacids (the liquid form is more effective than the tablet form)
- medicine to reduce the amount of acid your stomach makes
- antibiotics to treat H. pylori
- sucralfate, a medicine that forms a protective barrier over the site of the ulcer to help it heal.

Antacids can have side effects after you have used them for a while. Follow your health care provider's instructions carefully, and report any problems promptly.

You will probably take the antibiotics for 1 to 2 weeks. You may take medicine to decrease acid for at least 6 weeks. Sometimes medicine needs to be taken for several months to prevent new ulcers.

How long will the effects last?

Stomach ulcers respond well to treatment but they can recur. You can help reduce the chance that an ulcer will recur by taking your medicine.

Possible complications of untreated ulcers are:

- hemorrhage (a lot of bleeding)
- perforation (a hole through the stomach wall produced by an ulcer)
- obstruction (ulcer scarring that prevents passage of food).

These complications may require surgery.

Two to three percent of stomach ulcers become stomach cancer. Make sure you report all continuing or recurrent symptoms to your health care provider.

How can I take care of myself?

- Follow the full treatment prescribed by your health care provider. Keep your follow-up appointments.
 - Do not smoke cigarettes.
 - Ask your provider if you should avoid drugs that irritate the stomach, such as aspirin, ibuprofen, and naproxen.
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- If your provider says it is OK to take these drugs, try taking them with food to prevent stomach irritation. Ask

- your provider if you can use acetaminophen instead.
- You may want to make other lifestyle changes, such as:
 - Eating healthy meals. Several small meals may be better than 2 or 3 large ones. Follow the diet prescribed by your health care provider.
 - Avoiding coffee, including caffeinated and decaf coffee, colas, and any other food or drink that may bother your stomach.
 - Avoiding alcohol.
 - Getting plenty of rest and sleep.
 - Exercising as recommended by your provider.
- If you keep having symptoms or your symptoms get worse, tell your provider.

How can I help prevent stomach ulcers?

- Change your lifestyle in ways that might help prevent ulcers.
- Ask your health care provider if you need to take medicine to prevent new ulcers.

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