

When “heartburn” turns serious

Was it simple acid reflux — or something more?



A flashing red light: Vincent Allegretta thought he was managing his symptoms — until it was almost too late.

Vincent Allegretta was never without a bottle of Tums. For years, the avid race car driver and motorcyclist had experienced heartburn. He assumed that the burning sensation in his chest — triggered, he thought, by stomach acid backing up into his esophagus — was something he simply would have to deal with, just as his father, aunts and grandmother had. It wasn't going to keep him off the road.

But one night in January 2020, it became clear that his chest pain wasn't heartburn after all. Allegretta, a 47-year-old electrical contractor from East Quogue, felt so lousy that he

thought at first he had food poisoning. But then he began throwing up blood. “My wife found me passed out on the floor of the bedroom,” he says.

Allegretta was rushed to Peconic Bay Medical Center (PBMC), where an endoscopy revealed that he had a severe hiatal hernia — the upper part of his stomach was bulging through the diaphragm, a large muscle that separates the abdomen and the chest, says Sara Cerrone, MD, chief of gastroenterology at PBMC.

Making matters worse, Allegretta had an ulcer in the herniated portion of his stomach, and it was bleeding — and had been for some time. He had developed anemia, a condition in which the blood lacks enough healthy red blood cells to carry adequate oxygen to the body's tissues. After he arrived at the hospital, the anemia led to a small stroke. While the stroke didn't have a lasting impact, it did alert his medical team to just how serious his condition was.

Allegretta was at PBMC for 10 days. Dr. Cerrone cauterized the bleeding and put him on anti-reflux medication.

Then it was time to get to the bottom of his problem. Dr. Cerrone recommended that Allegretta have hiatal hernia repair, which involves pulling the stomach back down into the abdomen and reducing the gap in the diaphragm to avoid the stomach pushing through again. He'd also need anti-reflux surgery known as a fundoplication, in which the top part of the stomach, called the fundus, is folded down and sewn around the lower part of the esophagus where it meets the stomach.

For these procedures, Allegretta would go to PBMC's sister, South Shore University Hospital (SSUH). There, he could benefit from the expertise of

Vijay Singh, MD, Northwell's Eastern Region director of thoracic surgery.

Allegretta was fortunate, Dr. Singh told him: In the past, he would have needed two separate surgeries, but these days, the procedures are often done at the same time, using robotics. It's a minimally invasive approach that's easier on the body and involves a faster recovery, allowing many more people a path toward relief from the pain of chronic reflux symptoms.

Treatment can also prevent the development of other issues, Dr. Singh says. If reflux is persistent and frequent, occurring twice a week or more, it's called gastroesophageal reflux disease (GERD). Untreated, GERD can inflame and irritate the esophagus, damaging its lining — a problem called Barrett's esophagus, which increases the risk of developing esophageal cancer.

"After Mr. Allegretta's procedures, he felt better almost immediately," says Dr. Singh. Not only was Allegretta able to eat without experiencing the burning and pain he'd been accustomed to before, he was even able to stop taking anti-reflux medication.

Today, Allegretta is symptom-free. His advice to others is not to shrug off heartburn and other symptoms of reflux. "I've always lived life in the fast lane," he says. "I've rolled cars and have walked away from fiery wrecks — but ignoring these symptoms almost killed me."

SIGNS OF SOMETHING MORE SERIOUS

Reflux is common — about 20% of Americans experience it on a weekly basis, according to the American College of Gastroenterology. It usually results in heartburn, that burning



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feeling in your chest. Other symptoms include regurgitation and chronic cough or throat clearing.

So when are these symptoms serious? That depends on what they are and how often they occur, says Dr. Singh. Red flags include difficulty swallowing and signs of gastrointestinal bleeding, such as passing blood in the stool or

vomiting blood. You should also be concerned if you become anemic, which your doctor might flag on a routine blood test.

A SPECIALIZED CENTER

In March 2021, Northwell Health opened the Eastern Region Heartburn and Reflux Center to treat reflux

and related conditions — like ulcers, hiatal hernias and GERD. The center has multiple locations, including the main campus at SSUH. “At the center, patients have access to a multidisciplinary group of surgeons, gastroenterologists and motility experts who can evaluate them, identify if they are truly having reflux and offer a variety of treatments, both medical and surgical,” says Dr. Singh.

The center is well suited for people who have a history of reflux, whether they’re battling worsening symptoms, looking for new or additional options to treat their reflux or experiencing any red-flag symptoms that could indicate a more dangerous disorder. A streamlined approach to diagnosis and treatment of reflux symptoms is key to keeping the condition from becoming more serious, according to Dr. Singh.

Allegretta was treated at SSUH before the center had an official title, but his case exemplifies the vital role a center can play in managing challenging reflux cases, says Dr. Singh. Now, Northwell has centralized care for all aspects of reflux. And, especially important, “We’re able to provide services that are close to our patients’ homes on Eastern Long Island,” he says.



To learn more about GERD and related conditions or to request an appointment, scan the QR code or call **833-XREFLUX (973-3589)**.

How to keep acid reflux at bay

Even run-of-the-mill heartburn is no fun. Fortunately, simple steps can help you manage the pain — or prevent it altogether.

Sit upright after eating

Reclining on the couch immediately after a meal may be relaxing, but it can trigger reflux: “When you lie down, acid can easily flow from the stomach into the esophagus,” says Dr. Cerrone, at PBMC. Sitting upright lets gravity help keep gastric acid in the stomach. Try to leave three to four hours between a big meal and bedtime.

Avoid reflux triggers

Some foods are known to aggravate reflux. These include chocolate, coffee and spicy and fatty foods, says Dr. Cerrone. “These foods tend to open up the lower esophageal sphincter, which is the door between the esophagus and the stomach,” she says.

Consider weight loss

If you’re overweight, it can put pressure on your esophageal sphincter, preventing it from closing — and that allows stomach acid to back up into the esophagus. Losing even a small amount of weight is sometimes enough to relieve symptoms entirely.

Dial down tension

“Stress increases production of gastric acid, which can result in reflux,” says Dr. Cerrone. If you’ve been under a lot of stress and have been suffering from heartburn, try some relaxation techniques, such as taking a walk, meditating, stretching or doing yoga or another activity that helps you feel more at ease.

