Peptic ulcer disease

This fact sheet is for people who have presented to the emergency department with this condition.

This fact sheet provides general information. If you have specific concerns, speak to your healthcare professional for further information and advice.

What is a peptic ulcer?

An ulcer that occurs in the lining of the stomach (gastric) or the small intestine, just beyond the stomach (the duodenum).

Symptoms

- **Pain** in the upper tummy (abdomen) just below the breastbone (sternum) is the most common symptom. It usually comes and goes. It may occur before meals or when you are hungry. It may be eased if you eat food or take antacid tablets. The pain may wake you from sleep.
- **Other symptoms** can include bloating, retching and feeling sick. You may feel particularly full after a meal. Sometimes food makes the pain worse.
- **Complications** occur in some cases and can be serious. These include:
    - bleeding ulcer – this can range from a trickle to a life-threatening bleed
    - perforation – where the ulcer goes right through (perforates) the wall of the first part of the small intestine (duodenum). Food and acid in the duodenum then leak into the abdominal cavity. This usually causes severe pain and is a medical emergency.

Causes

A peptic ulcer is usually caused by a germ (bacterium) called *Helicobacter pylori* (*H. pylori*). To treat *H. pylori*, your general practitioner will test that the bacteria is in your gut. (See the section on tests for more information).

After the test, your doctor will start you on:

- a four- to eight-week course of acid-suppressing medication to allow the ulcer to heal
- a one-week course of two antibiotics plus an acid-suppressing medicine.

These measures usually clear the *H. pylori* infection and prevent the ulcer from coming back.

Other factors

A peptic ulcer can also have other causes, including anti-inflammatory medicines. Sometimes these affect the mucous barrier of the gut and allow acid to cause an ulcer. These medications include:

- aspirin, a form of anti-inflammatory medicine used for people with heart disease
- anti-inflammatory medicines used to treat conditions such as arthritis sometimes cause peptic ulcers. If you need to continue with anti-inflammatory medicine, you may need to take long-term, acid-suppressing medication.

In some rare conditions, much more acid than usual is made by the stomach. While other factors such as smoking, stress and heavy drinking may possibly increase the risk of having a duodenal ulcer. However, these are not usually the underlying cause of peptic ulcers.

Treatment

The most commonly prescribed medicine is a proton pump inhibitor (PPI). Surgery is usually only needed if a complication of a duodenal ulcer develops, such as severe bleeding or a hole (perforation).

Tests

- **Gastroscopy** (endoscopy) can confirm a peptic ulcer. In this test a doctor or nurse looks inside your stomach and the first part of your small intestine (duodenum). They do this by passing a thin, flexible telescope down your gullet (oesophagus). It allows them to see inflammation or ulcers.
- **A test to detect the *H. pylori* germ** (bacterium) is usually done if you have a peptic ulcer. If *H. pylori* is found, then it is likely to be the cause of the ulcer. It can be detected in a:
    - stool (faeces) sample
    - breath test
    - blood test
    - biopsy sample taken during an endoscopy.

Home care

You can improve symptoms with lifestyle changes, such as:

- lose weight if you are overweight
- avoid trigger foods, such as coffee, chocolate, tomatoes, fatty or spicy foods
- eat smaller meals and eat your evening meal three to four hours before going to bed

- stop smoking
- reduce alcohol consumption to recommended limits.

What to expect

If you have any of these severe signs or symptoms related to your peptic ulcer, seek urgent medical attention:

- vomiting or vomiting blood that appears red or black
- dark blood in stools, or stools that are black or tarry
- trouble breathing
- feel faint
- nausea
- unexplained weight loss
- appetite changes.