

7 Who should be tested for H. pylori?

Everyone with a duodenal ulcer should be tested for H. pylori and treated if infected. This includes people with active ulcers and those who have had a duodenal ulcer in

Everyone infected with H. pylori who has, or has previously had, a stomach ulcer should be tested and treated. This includes people who were taking aspirin and anti-arthritis drugs when the ulcer developed.

3. People with Non-Ulcer Dyspepsia

Treatment may not cure the dyspepsia. However, treatment may be considered to reduce the chance of getting ulcers (or possibly stomach cancer) in the future. The side-effects and cost of treatment need to be weighed against the possible benefits. For instance, possible side effects might outweigh possible benefits in

8 How should H. pylori be treated?

Not everyone infected with H. pylori should be treated. Most infected people have no symptoms and therefore do not require treatment.

Those people who do have an ulcer present or have had a past history of ulcers should have H. pylori eliminated. This is because successful treatment will speed ulcer healing and prevent ulcers recurring. A minority of people with ulcer-like symptoms but no ulcer (non-ulcer dyspepsia) may also improve if H. pylori is eradicated.

Unfortunately there is no single drug that is effective against H. pylori. Treatment combinations include at least three drugs (triple therapy). The use of drug

combinations reduces the risk of H. pylori becoming resistant to treatment.

There are a number of drug combinations used at the present time to treat H. pylori. The most effective of these are successful in 80-90% of people. The success

9 How do I know if the treatment has worked?

If you take the treatment exactly as directed, the chance of successful treatment is high. It is not always necessary to check that H. pylori has been eliminated (although many people wish to know).

H. pylori eradication should be checked before stopping anti-ulcer drugs especially if you have had a serious ulcer complication such as bleeding or perforation (a hole in the lining of the stomach or small bowel), or if your ulcer has often recurred. If you have to have another endoscopy, it is very simple to look for H. pylori using one of the tests described above. It is important that these tests are performed at least four weeks after all treatment is stopped, as H. pylori can grow again within this time. If the treatment has not been successful, a different combination of drugs may be

10 Am I likely to become infected again?

No. Once you have had successful eradication of H. pylori, the risk of being reinfected is very low (only about 0.5-1.0% per year). This is because most infection is

11 Do my family members need to be tested if I am

This is not usually recommended. Occasionally there are special circumstances and this can be discussed with

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24 Hr Emergency ☎ 044-6666 7788



DR. RELA INSTITUTE & MEDICAL CENTRE

No. 7, CLC Works Road, Chromepet,
Chennai - 600 044, Tamil Nadu, INDIA.

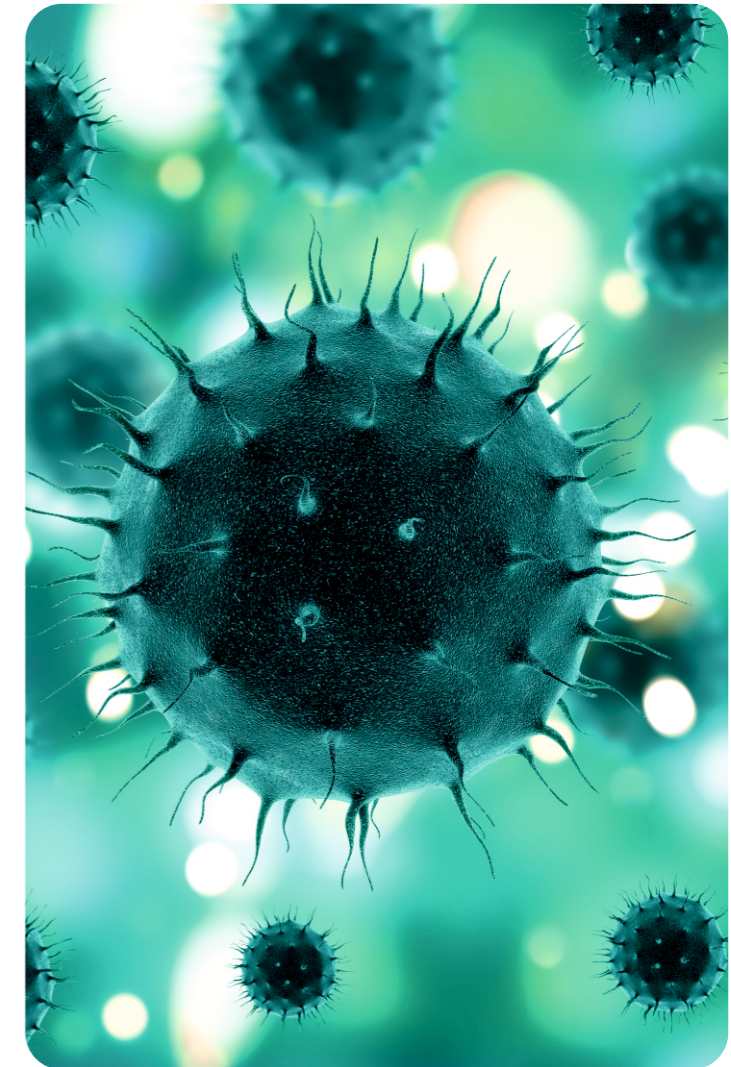
Tel : +91 44 6666 7777

Email: helpdesk@relainstitute.com

www.relainstitute.com



DR. RELA INSTITUTE & MEDICAL CENTRE
An International Medical Facility



Department of
Gastroenterology

Helicobacter Pylori (H. pylori)

Helicobacter Pylori (H. pylori)

Q1

H. pylori is a bacteria (germ) that can infect the human stomach. Its significance for human disease was first recognised in 1983. The bacterium lives in the lining of the stomach, and the chemicals it produces causes inflammation of the stomach lining. Infection appears to be life long unless treated with medications to eradicate

Q2

How do I catch H. pylori?

Researchers are not certain how H. pylori is transmitted. It is most likely acquired in childhood but how this occurs is unknown. A number of possibilities including sharing food or eating utensils, contact with contaminated water (such as unclean well water), and contact with the stool or vomit of an infected person have all been investigated but the answer is still not known. H. pylori has been found in the saliva of some infected people, which means infection could be spread through direct contact with saliva. There is no evidence that pets or farm animals are sources of infection. Infection has been shown to occur between family members (e.g. mother and child) however it is very rare to catch H. pylori as an adult, most people are infected

Q3

As no one knows exactly how H. pylori spreads, prevention on an individual level is difficult. Researchers are trying to develop a vaccine to prevent,

To help prevent infection, doctors advise people to follow good hygiene practices:

- Wash hands with soap and water after using the bathroom and before eating
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Q4

How common is H. pylori infection?

It is the still the most widespread infection in the world. Actual infection rates vary from country to country. Infection is more common in developing countries. In countries with poor sanitation, 90% of the adult

Q5

What diseases does H. pylori cause ?

- Inflammation of the lining of the stomach (gastritis) -
- Duodenal ulcers (in the small bowel just beyond the
- Stomach (gastric) ulcers - uncommonly
- Some cancers of the stomach, including a rare type

Most people infected with H. pylori never develop symptoms or disease. Why the bacterium causes ulcers in some people and not in others is not known. Most likely, development of ulcers depends on characteristics of the infected person, the type or strain of H. pylori present, and factors medical scientists have yet to

A peptic ulcer is a hole in the gut lining of the stomach or duodenum. A peptic ulcer of the stomach is called a gastric ulcer, and in the duodenum it is called a duodenal ulcer. H. pylori is the most common cause of

1. Stomach ulcers

H. pylori is the cause of approximately 70% of stomach ulcers. Most of the remaining ulcers appear to be due to certain medications, particularly nonsteroidal anti-inflammatory drugs (NSAIDs) taken regularly to ease arthritis, or low-dose aspirin to help prevent heart

H. pylori is the cause of about 90% of ulcers in the duodenum. Modern anti-ulcer drugs heal virtually all duodenal and stomach ulcers but if H. pylori is not eliminated there is a very high chance that the ulcer will come back. If H. pylori infection is cured, the risk of the ulcer returning is very low (unless aspirin or anti-inflammatory drugs need to be taken). Paracetamol does not cause ulcers and is a safe alternative for patients

While H. pylori infection increases the risk of some cancers of the stomach, and only a very small minority of

Non-ulcer Dyspepsia

Dyspepsia (indigestion) is a word used to describe pain, discomfort or other symptoms in the upper abdomen. Most people with dyspepsia do not have an ulcer, they have “non-ulcer” dyspepsia. It is a very common problem and is thought to have many possible causes. Some of these people have H. pylori infection, but

Q6

How is H. pylori diagnosed?

Accurate and simple tests for the detection of H. pylori

A breath test shows if you are infected by analysing a sample of your breath. Breath tests are accurate, safe, simple and quick to perform. They are a particularly useful test to check whether the infection has been successfully treated. Accuracy is reduced if you have been taking certain medications (e.g. antibiotics in the previous month and some ulcer-healing drugs in the

2. Blood Tests

These can detect current or recent infection. They are not useful for checking whether the infection has been successfully treated because the antibody to H. pylori (the marker of the body's response to infection) remains

3. Endoscopy

The infection may be found at the same time as a peptic ulcer, with a test called endoscopy (also known as Gastroscopy). During endoscopy your doctor passes a flexible tube into your stomach which allows small samples to be taken. H. pylori can be detected by a number of methods – including looking at samples under a microscope, using a chemical reaction (rapid urease test) or growing it in the laboratory. Sampling that misses the H. pylori, or recent use of antibiotics or

It is also possible to check for H. pylori using a sample of