



GastroDoxs
— defenders of the digestive system —

Gastric Ulcer

A Practical Guide For Patients

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Introduction: Gastric Ulcer

A gastric ulcer is a type of peptic ulcer that forms as an open sore on the lining of the stomach. It occurs when the protective mucosal barrier is weakened, allowing stomach acid to damage underlying tissues. Common causes include infection with *Helicobacter pylori*, prolonged use of nonsteroidal anti-inflammatory drugs (NSAIDs), excessive alcohol intake, smoking, and high stress levels. Gastric ulcers can present with symptoms such as abdominal pain, bloating, nausea, or indigestion, and in severe cases may lead to bleeding or perforation. Early diagnosis and treatment are essential to prevent complications, with management focusing on acid suppression, eradication of *H. pylori*, and lifestyle modifications.

Key Takeaways

- Gastric ulcer is an open sore that develops on the stomach lining.
- It is primarily caused by *Helicobacter pylori* infection and prolonged NSAID use.
- Other risk factors include smoking, alcohol, stress, and poor diet.
- Symptoms may include abdominal pain, nausea, bloating, and indigestion.
- Severe cases can cause bleeding, perforation, or obstruction.
- Diagnosis is often confirmed through endoscopy or imaging tests.
- Treatment involves acid-suppressing medications, *H. pylori* eradication therapy, and lifestyle changes.



What Causes Gastric Ulcer?

Known Causes

Gastric ulcers develop when the stomach's protective lining is damaged, allowing digestive acids to erode the tissue. The most common cause is infection with *Helicobacter pylori*, a bacterium that weakens the mucosal defense and triggers inflammation. Long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin or ibuprofen also increases the risk by interfering with the stomach's natural protective mechanisms. Other contributing factors include excessive alcohol consumption, smoking, high levels of stress, and consumption of very spicy or irritating foods. In some cases, underlying medical conditions or a family history of ulcers may also play a role. Together, these factors disturb the balance between acid secretion and mucosal protection, leading to ulcer formation.

- **Helicobacter pylori infection** the most common cause, weakening the stomach's mucosal lining.
- **Prolonged NSAID** use (e.g., aspirin, ibuprofen, naproxen) reduces protective prostaglandins in the stomach.
- **Excessive alcohol consumption** irritates and erodes the stomach lining.
- **Smoking** increases stomach acid and slows ulcer healing.
- **High stress levels** may worsen symptoms and delay recovery.
- **Spicy or irritating foods** do not directly cause ulcers but can aggravate existing ones.
- **Family history or genetic predisposition** increases vulnerability.



Common Signs & Symptoms

Common signs and symptoms of gastric ulcers include burning or gnawing abdominal pain, bloating, nausea, vomiting, indigestion, and loss of appetite. In severe cases, patients may experience weight loss, vomiting blood, or dark, tarry stools due to bleeding.

Core Symptoms Include:

- Burning or gnawing stomach pain
- Nausea or vomiting
- Bloating and indigestion
- Loss of appetite
- Unexplained weight loss
- Vomiting blood or black, tarry stools (in severe cases)



Severe cases can also cause:



- Internal bleeding leading to anemia
- Perforation of the stomach wall
- Sudden, intense abdominal pain
- Obstruction of the digestive tract
- Severe vomiting and dehydration
- Life-threatening complications if untreated



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Diagnosis & Medical Testing

Diagnosis of gastric ulcers typically involves endoscopy to directly view the stomach lining, along with biopsy if needed. Additional tests include urea breath test, stool antigen test, and blood test to detect *Helicobacter pylori* infection and assess severity.

Diagnostic Tools

- **Upper endoscopy (gastroscopy)** gold standard for direct visualization.
- **Biopsy** to detect *H. pylori* or rule out malignancy.
- **Urea breath test** identifies active *H. pylori* infection.
- **Stool antigen test** detects *H. pylori* antigens.
- **Blood antibody test** shows past or current *H. pylori* infection.
- **Barium swallow X-ray** outlines ulcers and stomach abnormalities.
- **Complete blood count (CBC)** checks for anemia from bleeding ulcers.
- **Fecal occult blood test (FOBT)** detects hidden blood in stool.
- **Serum gastrin level test** screens for Zollinger–Ellison syndrome.
- **CT scan** evaluates complications like perforation or obstruction.
- **Histological examination** microscopic analysis of stomach tissue.
- **Rapid urease test (CLO test)** confirms *H. pylori* from biopsy samples.



Diet

A gastric ulcer friendly diet emphasizes soft, non-irritating foods such as fruits, vegetables, whole grains, and lean proteins. Patients should avoid spicy foods, caffeine, alcohol, and NSAIDs, while eating smaller, frequent meals to reduce stomach acid irritation.

Key Insights

- Eat soft, easily digestible foods (fruits, vegetables, lean proteins).
- Prefer smaller, frequent meals to reduce acid buildup.
- Avoid spicy, fried, and highly acidic foods.
- Limit caffeine and alcohol intake.
- Stay hydrated with water or herbal teas.
- Include fiber-rich foods to support digestion.
- Avoid late-night meals to reduce acid reflux.
- Probiotics (yogurt, kefir) may help restore gut balance.

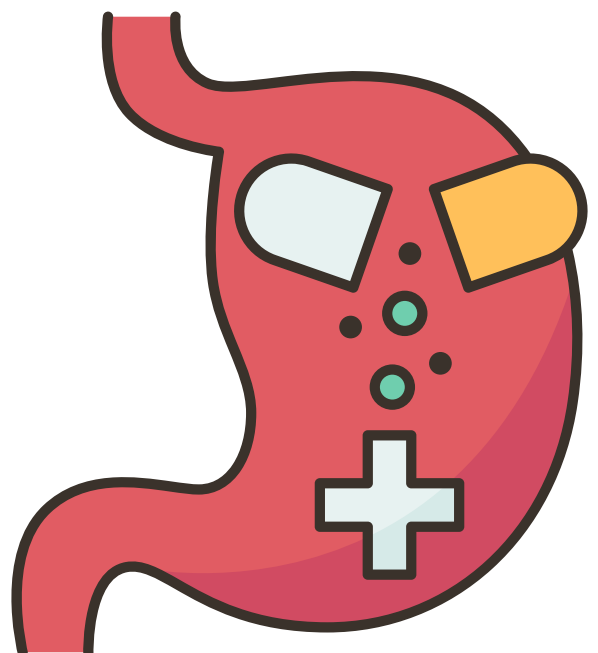


Medications & Treatment Options

Gastric ulcer treatment focuses on reducing stomach acid, healing the lining, and addressing underlying causes. Common medications include proton pump inhibitors, H2 receptor blockers, and antacids. If *H. pylori* is present, antibiotics are prescribed, alongside lifestyle and dietary modifications.

Treatment Options

- **Proton Pump Inhibitors (PPIs)** reduce stomach acid and promote healing.
- **H2 Receptor Blockers** decrease acid production.
- **Antacids** provide quick relief from pain and discomfort.
- **Antibiotics** eradicate *Helicobacter pylori* infection.
- **Cytoprotective agents (e.g., sucralfate, misoprostol)** protect stomach lining.
- **Lifestyle modifications** quitting smoking, reducing alcohol, managing stress.
- **Dietary adjustments** soft, non-irritating, balanced meals.
- **Avoiding NSAIDs** replacing with safer alternatives when possible.
- **Endoscopic procedures** control bleeding or treat complications.
- **Surgery** considered for severe, recurrent, or complicated ulcers.

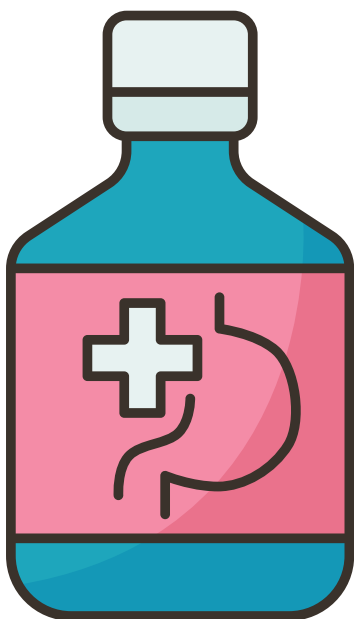


Advanced Therapies & Procedures

Advanced therapies for gastric ulcers include endoscopic interventions such as cauterization, clipping, or injection therapy to stop bleeding. In complicated cases, surgical options like vagotomy, partial gastrectomy, or pyloroplasty may be necessary when ulcers do not heal with medications.

Therapy Options

- Proton Pump Inhibitors (PPIs)
- H2 Receptor Blockers
- Antacids
- Cytoprotective agents (sucralfate, misoprostol)
- Antibiotics for H. pylori
- Probiotics to support gut health
- Lifestyle modifications (quit smoking, reduce alcohol, stress control)
- Dietary changes (soft, balanced meals, avoid irritants)
- Endoscopic therapy (clipping, cauterization, injections for bleeding)
- Surgical interventions (vagotomy, partial gastrectomy, pyloroplasty)



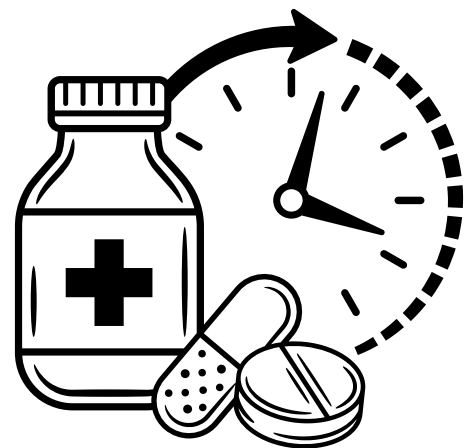
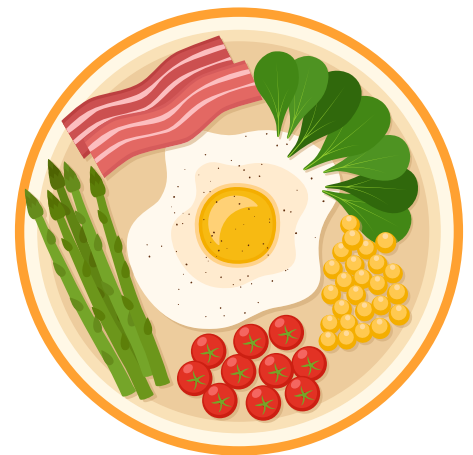
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Coping With **Gastric Ulcer**

Coping with gastric ulcers involves managing stress, eating smaller frequent meals, and avoiding triggers like alcohol, caffeine, smoking, and spicy foods. Following prescribed medications, practicing relaxation techniques, and maintaining a healthy lifestyle can promote healing and prevent recurrence.

Practical Strategies

- Eat small, frequent, balanced meals.
- Avoid alcohol, caffeine, smoking, and spicy/acidic foods.
- Take medications exactly as prescribed.
- Manage stress with relaxation techniques (yoga, meditation, deep breathing).
- Stay hydrated with water or herbal teas.
- Avoid late-night meals to reduce acid reflux.
- Elevate head while sleeping to ease symptoms.
- Include probiotics (yogurt, kefir) to support gut health.
- Schedule regular follow-ups with a healthcare provider.



FAQS About Gastric Ulcer



Q1: What is a gastric ulcer?

A: A gastric ulcer is an open sore on the stomach lining caused by acid damage, often linked to *H. pylori* infection or long-term NSAID use.

Q2: What are the common symptoms?

A: Typical symptoms include burning stomach pain, nausea, bloating, indigestion, and loss of appetite. Severe cases may cause bleeding or black, tarry stools.

Q3: How are gastric ulcers diagnosed?

A: Doctors may use endoscopy, biopsy, urea breath test, stool antigen test, or blood tests to detect ulcers and *H. pylori*.

Q4: What treatments are available?

A: Treatment includes proton pump inhibitors, H2 blockers, antacids, antibiotics for *H. pylori*, lifestyle changes, and in severe cases, endoscopic or surgical procedures.



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Take **Action**

If you experience **Gastric Ulcer**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit GastroDoxs.com to schedule an appointment and access more resources on digestive health.



**Your health matters
take the next step
today!**

SCHEDULE AN APPOINTMENT

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