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Patient Information

Eosinophilic Oesophagitis

Gastroenterology

Following your endoscopy (camera test) we now have the results from the biopsies (tissue samples taken during the endoscopy). The biopsies show a specific form of allergic-type inflammation, called Eosinophilic Oesophagitis, which can contribute to difficulty in swallowing food and fluids and a sensation of food sticking.

Treatment

We are asking your GP to prescribe an inhaler (puffer), called **Fluticasone MDI aerosol 250 micrograms per puff, so you will need to collect this prescription from your GP surgery**. The aerosol contents of the canister may be helpful in controlling your symptoms, if taken in the following way:

How to use the Inhaler

Do not follow any administration instructions enclosed with the product, instead please follow the directions below.

- Please take the inhaler (puffer), 3 puffs twice a day.
- Spray the contents onto the tongue (taking care not to inhale)
- Swallow this down with a drink of water.
- Do not to eat or drink anything else for 30 minutes after taking the treatment.

Remember

It is important that after puffing the inhaler into your mouth you swallow the dose, rather than trying to breathe it in.

The inhaler is being used to treat the inflammation in the upper end of the oesophagus (food pipe). The treatment will only be able to work if you are able to swallow rather than breathe in the inhaler contents.

Possible side effects

This steroid spray is very safe to swallow, and only tiny traces may be absorbed into the bloodstream. The only common side effect is oral thrush. If you develop a sore throat which persists please see your GP.

Additional medication

Eosinophilic oesophagitis and acid indigestion can sometimes happen at the same time. Some patients who also have acid indigestion may require additional treatment. The drugs used to treat acid indigestion are called proton pump inhibitors (e.g. Omeprazole), or Histamine H2 blockers (e.g. Ranitidine).

Follow up review

We plan to see you again in the Outpatients department in a few months time. This will give an opportunity for the medical team to assess how your symptoms are responding to this new treatment. Should you develop a sense of food lodging such that you are unable to swallow liquids, please seek medical advice urgently as you may need to be briefly admitted to the hospital.

References

Arora AS et al. (2003) Topical corticosteroid treatment of dysphagia due to Eosinophilic Esophagitis in adults. *Mayo Clin Proc* 78 830-835

Basavaraju K P, Hunt C R, Ahluwalia N K. (2007) "9 years of recurrent dysphagia", *The Lancet*, 369(9575) 1814.

Kaufman A B, Cohen M S, Dimarino A J, Cohen S. (2006) "Eosinophilic Oesophagitis in Adults" *European Gastroenterology Review*, 1. 30-33.

Remedios M, Campbell C, Jones D, Kerlin P. (2006) "Eosinophilic Esophagitis in adults: clinical, Endoscopic, histologic findings, and response to treatment with Fluticasone propionate" *Gastrointestinal Endoscopy* 63(1) 3-12.

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