
What is Helicobacter pylori?

Helicobacter pylori (H. pylori) are bacteria, a type of germ, which lives in the sticky mucus that lines the stomach. Helicobacter pylori infections are common and people of all ages can be infected. It is possible to be infected without realising it because the infection often does not cause symptoms.

In some people the bacteria can sometimes weaken the protective mucous coating of the stomach. It is this weakening that allows acid to get through to the sensitive lining beneath, making it more vulnerable to damage.

Both the acid and the bacteria can irritate this sensitive lining, causing it to become sore and this can sometimes develop into an ulcer. It is not clear exactly why some people are more vulnerable to the effects of Helicobacter pylori bacteria than others.

About 40% of people in the UK have H. pylori in their stomach so it is very common and in the approximately eight to nine out of ten people who have it, does not cause any problems.

However about 15% of people with the condition get ulcers either in the stomach (gastric ulcer) or in the duodenum (duodenal ulcer). Although ulcers tend to cause indigestion, occasionally they become much more serious as they can bleed or even burst (perforate) which happens if the ulcer burrows deep enough into the stomach lining to make a hole.

People with ulcers should therefore be treated with the aim of getting rid of H. pylori.

What are the symptoms of an ulcer?

The most common symptom of an ulcer is abdominal discomfort, which most patients describe as:

- A dull gnawing ache
- An ache that comes and goes for several days
- An ache that occurs 2-3 hours after a meal
- An ache that occurs in the middle of the night (when the stomach is empty)
- An ache that is relieved by eating
- An ache that is relieved by antacids

Other symptoms may include:

- Weight loss
- Poor appetite
- Bloating, belching
- Nausea
- Vomiting

Some people with ulcers have very mild symptoms or even none at all.

How is Helicobacter pylori diagnosed?

During your gastroscopy, we have taken a small biopsy. This is called a Clo-test. The Clo-test takes about **24 hours to process**. A copy of the result will also be sent on to your GP.

How is Helicobacter pylori treated?

If your Clo-test shows you have Helicobacter pylori your GP will need to prescribe some antibiotics for you. You should contact your GP **7-10 days** following your gastroscopy to obtain these.

If the result of the Clo-test shows you do not have Helicobacter pylori, but the Endoscopist has seen an ulcer in your stomach during your gastroscopy, you will be prescribed medication which will help to reduce the acid you produce in your stomach and heal the ulcer.

There are two types of drugs that may be used to treat your ulcer. It is up to your hospital consultant or GP to decide which is most suitable for you and you may be given any one of the following:

Proton Pump Inhibitors – which block the production of stomach acid:
Omeprazole Pantoprazole Esomeprazole Rabeprazole Lansoprazole

H2 Receptor Antagonists – which prevent the release of acid in to the stomach:
Cimetidine Nizatidine Famotidine Ranitidine

Plus a combination of antibiotics, either metronidazole, tetracycline, clarithromycin, amoxycillin

The proven effective length of treatment is a one week course called 'triple therapy'. There may be some side effects such as nausea, vomiting, diarrhoea, dark stools, metallic taste in the mouth, dizziness, headache and yeast (candida) infections in women. Most side-effects will stop once treatment has discontinued.

However, occasionally the course of antibiotics is extended to two weeks. You will need to continue the proton pump inhibitors for up to six weeks longer, if the endoscopy has shown a peptic ulcer, to allow the ulcer to heal. We may also need to repeat the endoscopy to check that it has healed, and that helicobacter has been eradicated successfully.

Can H. pylori be prevented?

No one knows for sure how H. pylori spreads so prevention is difficult. Researchers are trying to develop a vaccine to prevent infection. If you require any further advice please contact your GP.

WHAT TO ASK YOUR DOCTOR?

- Do I need an gastroscopy to confirm whether or not I have an ulcer?
- Could my ulcer be caused by something other than Helicobacter pylori?
- Do I need further monitoring after treatment?
- Should I be monitored for stomach cancer?

References

GUTS UK Charity

British Society of Gastroenterologists

Public Health England

**This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg**