

Barrett's Oesophagus

Endoscopy Department



Patient information leaflet

You will only be given this leaflet if you are suspected of having, or you have been diagnosed with Barrett's Oesophagus. The information below outlines the condition, the symptoms, the cause and the treatment.

What is Barrett's Oesophagus?

Barrett's oesophagus is a condition which affects the lower oesophagus. It is named after the surgeon who first identified it in the early 1950s, Norman Barrett. In Barrett's oesophagus, the cells that line the affected area of gullet (oesophagus) change. The cells of the inner lining of a normal oesophagus are pinkish-white flat cells (squamous cells). The cells of the inner lining of the area affected by Barrett's oesophagus are tall red cells (columnar cells). The columnar cells are similar to the cells that line the stomach.

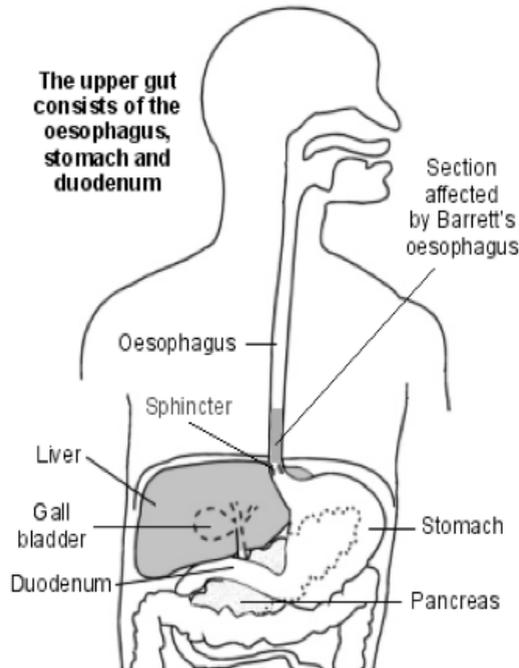
The columnar cells of the Barrett's oesophagus can increase the risk for cancer of the oesophagus. This takes place in a step like fashion: the cells may grow abnormal, with the early superficial changes called dysplasia, which then have a high risk to develop into oesophageal cancer.

Between 1 and 5 in 100 people with Barrett's oesophagus go on to develop cancer.

Understanding the oesophagus and stomach

When we eat, food passes down the gullet (oesophagus) into the stomach. Cells in the lining of the stomach make acid and other chemicals which help to digest food. Stomach cells also make thick mucus, which protects them from damage caused by the acid. The cells on the inside lining of the oesophagus are different and have little protection from acid.

There is a circular band of muscle (a sphincter) at the junction between the oesophagus and stomach. This relaxes to allow food down, but normally tightens up and stops food and acid leaking back up (refluxing) into the oesophagus. So, the sphincter acts like a valve.



What causes Barrett's oesophagus?

The cause in most cases is thought to be long-term reflux of acid into the oesophagus from the stomach. The acid irritates the lining of the lower oesophagus and causes inflammation (oesophagitis). With persistent reflux, eventually the squamous cells lining the oesophagus change to columnar cells like the ones that line the stomach.

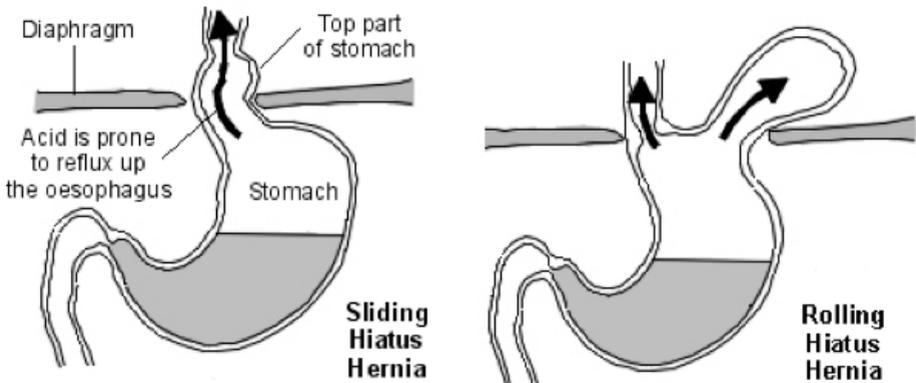
It is thought that about 1 in 20 people who have recurring acid reflux eventually develop Barrett's oesophagus.

Barrett's oesophagus seems to be more common in men than in women. It typically affects people between the ages of 50 and 70 years. Other risk factors for Barrett's oesophagus include smoking and being overweight (particularly if you carry excess weight around your middle).

What causes acid reflux?

The circular band of muscle at the bottom of the oesophagus (the sphincter) normally prevents acid reflux. Problems occur if the sphincter does not work very well. This is common, but in most cases, it is not known why it does not work so well. However, having a hiatus hernia makes you more prone to reflux. A hiatus hernia occurs when part of your stomach slides upwards through the lower chest muscle (diaphragm) into the chest cavity.

Most people have heartburn at some time, perhaps after a large meal. It is people who have long-standing reflux, whether they are or not aware of it, who are more likely to develop Barrett's oesophagus.



How is Barrett's Oesophagus Diagnosed?

Gastroscopy (endoscopy)

You may have a gastroscopy if you have severe or persistent symptoms of acid reflux. For this test, a thin, flexible telescope is passed down the gullet (oesophagus) into the stomach to inspect them. This test can usually help to diagnose Barrett's oesophagus. The change in colour of the lining of the lower oesophagus from its normal pale white to a red colour strongly suggests that Barrett's oesophagus has developed.

A biopsy

If Barrett's oesophagus is suspected during gastroscopy then several small samples (biopsies) are taken of the lining of the oesophagus during the gastroscopy. These are sent to the laboratory to be looked at under the microscope. The characteristic columnar cells which are described above confirm the diagnosis. The cells are also examined to see if they have any signs of the abnormal cells, that predispose to cancer, i.e. dysplasia, or established cancer.

What does treatment for Barrett's Oesophagus involve and what are the risks?

Treatment of acid reflux

An acid suppressing medication, which prevents your stomach from making excess acid is a common treatment and usually works well. You are likely to be advised to take acid suppressing medication for the rest of your life. It is unclear as to whether treating the acid reflux helps to treat or reverse your Barrett's oesophagus and more studies are ongoing. However, this treatment should help any symptoms that you may have.

Risks: With any medications, side effects are possible. Please contact your GP if you are uncertain about your medications.

Monitoring (surveillance)

When you have been diagnosed with Barrett's oesophagus, you may be advised to have a gastroscopy and biopsy at regular intervals to monitor the condition, for progression to cancer. This is called surveillance. The biopsy samples aim to detect whether dysplasia or cancer has developed in the cells. The exact time period between each gastroscopy and biopsy sample can vary from person to person. Timing is set by national guidelines and guided by the length of the Barrett's segment and type of cell seen on biopsies, under the microscope.

Endoscopic treatment

Various ways of removing Barrett's dysplasia and even early cancers that just affect the lining on the oesophagus have recently been developed. These include the following:

- **Radiofrequency ablation (RFA):** this treatment uses a radiofrequency energy coil, inserted into the gullet at gastroscopy. During the procedure a small coil is guided towards the abnormal section of your oesophagus. The coil then emits heat energy which destroys the abnormal cells. Nearby normal cells then multiply and replace the destroyed abnormal cells.
- **Endoscopic mucosal resection (EMR):** this is a procedure that is carried out using instruments through a gastrocope to remove distinct early cancers in Barrett's oesophagus. This may be curative, or otherwise contribute to staging the disease extent.

Surgery may be considered

Established oesophageal cancer may require an operation to remove the oesophagus (oesophagectomy). This is a major operation and complications following surgery, sometimes serious and life-threatening, are not uncommon.

But remember – most people who develop Barrett's oesophagus do not go on to need an oesophagectomy.

Research continues to find out which treatment is best. If you are diagnosed with Barrett's oesophagus, your specialist should be able to give you up-to-date information on the pros and cons of surveillance. They should also be able to advise on the current situation about the various treatment options should you develop dysplastic changes to the cells.

When should I seek medical attention?

If you develop new symptoms, such as difficulty in swallowing, vomiting blood or weight loss, you should seek urgent medical attention.

References

- <https://patient.info/health/acid-reflux-and-oesophagitis/barretts-oesophagus>
- http://www.corecharity.org.uk/assets/files/information_pdfs/BarrettsOesophagus

Further information sources

- <http://www.patient.co.uk/health/hiatus-hernia-leaflet>
- <http://www.patient.co.uk/health/acid-reflux-and-oesophagitis>

Contact details

If you require further information or advice, please feel free to contact us.

Endoscopy Unit

Telephone: 01483 571122 **ext** 4409 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: May 2018

Future review date: May 2021

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PIN180516–1533

