Gastroenterology Department

Barrett's Oesophagus

What is Barrett's oesophagus?

The oesophagus is the tube that connects the mouth with the stomach. Barrett's oesophagus occurs when the normal cells that line the lower part of the oesophagus (called squamous cells) are replaced by a different type of cell (called intestinal cells). This usually happens as a result of repeated damage due to acid reflux disease. In reflux disease, acid from the stomach regurgitates upwards into the oesophagus. The Barrett's cells are more resistant to acid suggesting that these cells develop to protect the oesophagus from acid. The problem is that the intestinal cells have a small risk of changing into cancer cells. Barrett's oesophagus is more common in middle age, men and smokers.

Symptoms of Barrett's oesophagus

Barrett's itself does not produce any symptoms: most people seek help because of heartburn due to acid reflux, regurgitation or occasionally, difficulty in swallowing.

Diagnosis of Barrett's oesophagus

The presence of intestinal cells are usually confirmed by Gastroscopy/Endoscopy (a tube with a small camera is inserted into the oesophagus). The lining of the oesophagus is usually pale pink in colour but in Barrett's the lining appears darker in colour. The doctor will remove small samples of the lining during the gastroscopy so that they can be examined under a microscope for signs of Barrett's. Sometimes it can be difficult to diagnose because the level where the oesophagus meets the stomach can vary in different people.

How is Barrett's treated?

The goal of treatment is to control reflux symptoms.

Behaviour and diet changes: Most patients are advised to avoid certain foods and behaviours such as eating meals before lying down and eating very large meals, drinking alcohol and smoking.

Medications: Medication called proton pump inhibitors are commonly recommended. These include omeprazole, lansoprazole, rabeprazole, esomeprazole and pantoprazole. They work by reducing the amount of acid produced by the stomach.

Surgery: People who have severe reflux symptoms despite medication may benefit from surgical procedures to reduce reflux. Surgery is not the best treatment in all situations and your doctor will discuss this with you if they feel surgery is an appropriate option.

compassionate care

Complications of Barrett's oesophagus

There is a risk that the cells in the abnormal lining of the oesophagus may develop pre-cancerous changes (dysplasia). Sometimes the changes may progress and turn into cancer. **This is a very low risk, studies show that patients with Barrett's oesophagus live as long as people who do not have Barrett's** and only 1 in 500 to 1 in 800 people with Barrett's develop oesophageal cancer each year. The risk of progression of Barrett's oesophagus to cancer is variable.

The following seem to be associated with a higher risk:

- Male gender
- Over 45 years of age
- A longer segment of Barrett's noted on endoscopy (more than 8cm)
- Long duration of reflux symptoms (more than 10 years)
- Obesity
- Family history of oesophageal or stomach cancer.

Surveillance Endoscopy for Barrett's

Patients with longer length Barretts oesophagus who have certain changes on biopsy [intestinal metaplasia] are offered surveillance endoscopy every 2-4 years unless there are no other medical conditions that increase the small risk associated with endoscopy. If early pre-cancerous changes are found, endoscopy and biopsies will be done more frequently to monitor the situation.

If more advanced changes are found, further treatment options will be discussed with you.
(See below).

What are the benefits to me if I decide to undergo surveillance?

Monitoring can detect pre-cancerous changes in the oesophageal lining. These can be monitored and treatment given.
Monitoring may detect cancer at an earlier stage then it can be more effectively treated.

What are the limitations of surveillance endoscopy?

The endoscopy may miss areas with pre-cancerous changes or cancer.
Cancers may develop and spread in the interval between the endoscopies.
Endoscopy carries certain risks, it is unpleasant and causes anxiety in some patients.
Progression to cancer is uncommon and occasionally changes may regress (change back to normal).
Even advanced changes do not always progress to cancer (studies suggest that progression occurs in 5-8% patients with advanced changes per year).
Even oesophageal cancers that appear to be early have occasionally spread despite apparently successful treatment.
Even if endoscopy detects cancer, there is no ideal treatment.
There is no definite evidence that surveillance endoscopy reduces death due to oesophageal cancer.

Treatment options if pre-cancerous changes or early cancer is found

These depend upon the person's age, health and personal preference. The options include removing (endoscopic mucosal resection) or destroying (e.g. radiofrequency ablation, photodynamic therapy etc) the affected tissue or removing the oesophagus.

Endoscopic mucosal resection (EMR): This involves the removal of a large but thin area of oesophageal tissue through an endoscope. However, this is only suitable for patients with a well defined localized area of abnormality in the oesophageal lining.

Radiofrequency ablation: This is an endoscopic procedure that uses radiofrequency energy (microwaves) to destroy the Barrett's cells. In short term studies, this has been shown to prevent progression to cancer but there is limited information on the long term outcome. It is only available in specialised centres and in up to 5% of patients, the procedure can cause complications such as narrowing of the oesophagus which may require repeated treatments to stretch the oesophagus.

Photodynamic therapy: This is a treatment that uses chemical agents, known as photosensitizers, to kill the Barrett's cells when the cells are exposed to certain types of light. Patients are given the photosensitizer medication into a vein and then undergo endoscopy. During the endoscopy, a laser light is used to activate the photosensitizer and destroy the Barrett's tissue. This treatment is not currently offered locally as there is limited information on the long term outcome.

Surgery: Removing the oesophagus is a major operation with an approximate risk of death of 3%. There can also be serious complications that reduce quality of life.

The purpose of this information sheet is to help you to understand more about Barrett's oesophagus and help you decide whether you wish to enter a surveillance program. Your doctor will discuss it further with you and answer any questions you may have. It is important to remember that although Barrett's does increase your risk of developing cancer of the oesophagus, people with Barrett's do not on average die earlier and it is therefore not as bad for your health as smoking or being overweight which do cause an earlier average age of death.

You can help yourself to reduce your risk of cancer by not smoking, limiting your alcohol intake to below the recommended limit (14 units per week), avoid smoked and salty foods and eat a healthy diet with plenty of fresh fruit and vegetables.

If you have any comments about this leaflet or the service you have received you can contact :

Gastroenterology Consultant
Huddersfield Royal Infirmary
Telephone No 01484 342000

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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