University Hospitals Dorset
NHS Foundation Trust

Barrett's Oesophagus

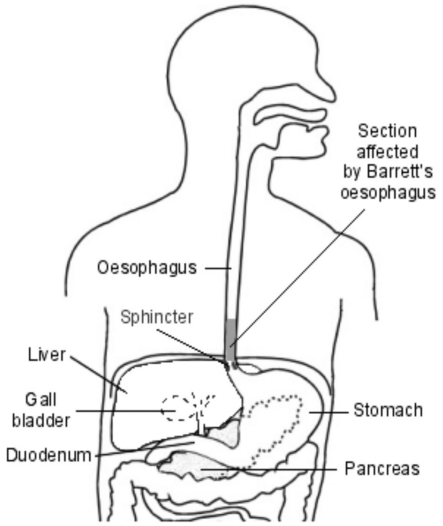
Endoscopy Department Information for patients and carers

What is Barrett's Oesophagus?

Barrett's Oesophagus is a condition in which the cells lining the lower oesophagus (gullet) have changed from flat, pale, pink (squamous) cells to taller, red (columnar) cells, similar to those which line the stomach.

What causes Barrett's Oesophagus?

The main cause of Barrett's Oesophagus is gastro-oesophageal reflux disease (GORD). In GORD, acid from the stomach rises up into the oesophagus (reflux) causing irritation and inflammation. If the reflux persists over time, the cells lining the oesophagus can change, leading to the development of Barrett's Oesophagus.



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How common is Barrett's Oesophagus?

Approximately one in 100 people in the UK are diagnosed with Barrett's Oesophagus, and studies show that this is increasing due to the rising numbers of people with GORD. About one in 10 people with GORD will develop Barrett's Oesophagus; it is more common in men than women, and more likely to affect those over 50 years of age.

Does Barrett's Oesophagus cause any symptoms?

The condition itself may not cause any symptoms at all, but people diagnosed with Barrett's Oesophagus will usually have experienced symptoms of GORD (heartburn or acid indigestion, or a burning pain in the chest or upper abdomen).

How is Barrett's Oesophagus diagnosed?

The diagnosis is made by taking a sample of cells from the lining of the oesophagus (a biopsy). This is only possible during a procedure called a gastroscopy (an endoscopic investigation in which a smooth flexible tube with a camera on the tip is used to look at the lining of the oesophagus and stomach). You may be referred for a gastroscopy by your GP if you have been experiencing symptoms of GORD. The endoscopist will look for changes in the lining of the lower oesophagus which are redder than the normal, pale lining and take biopsies from these areas. The biopsies are examined under a microscope to confirm a diagnosis and check for signs of changes to the cells.

Does Barrett's Oesophagus cause any complications?

People with Barrett's Oesophagus have an increased risk of developing oesophageal cancer over the course of their lifetimes. This risk is small (about one in 200) but important, since oesophageal cancer is a life-threatening disease which is difficult to treat.

Why is surveillance of Barrett's Oesophagus recommended?

If you have been diagnosed with Barrett's Oesophagus, it is recommended that you have regular endoscopies to check your lower oesophagus. This is called surveillance. The endoscopist will take biopsies each time you have an endoscopy to check for dysplasia (abnormal, precancerous cells). It is estimated that about one in 20 people with Barrett's Oesophagus will go on to develop dysplasia. If no dysplasia is found when the cells are examined with a microscope, your endoscopist will usually recommend that you have another endoscopy in two years.

Why is surveillance of Barrett's Oesophagus recommended?

Dysplasia may be described as low-grade or high-grade. If low-grade dysplasia is detected, it is recommended that endoscopy is repeated sooner, at six months. If high grade dysplasia develops, your endoscopist will usually recommend that you have another endoscopy within three months, and will discuss the possible treatments which can be used to remove the areas of high-grade dysplasia from your oesophagus. Surveillance, and treatment of high-grade dysplasia, can help to reduce the likelihood of someone with Barrett's Oesophagus developing oesophageal cancer.

For the small number of people with Barrett's Oesophagus who may go on to develop oesophageal cancer, surveillance increases the likelihood of finding and treating it earlier.

How is Barrett's Oesophagus treated?

Lifestyle: Changes to your lifestyle may help to reduce the symptoms of GORD, and prevent Barrett's Oesophagus from developing or getting worse. Losing weight, stopping smoking and reducing your alcohol intake are recommended where applicable.

A separate information booklet about GORD is available from the Endoscopy Department.

Medication: Taking medication to reduce the production of acid in the stomach can help to reduce the symptoms of GORD. If you have Barrett's Oesophagus, it is likely that your endoscopist will advise that you take acid-suppressing medication for the rest of your life.

Endoscopic treatment: There are a range of treatments which can be performed during endoscopy to treat areas of high-grade dysplasia identified during Barrett's Oesophagus surveillance, and even some early cancers that are limited to the lining of the oesophagus. At the Royal Bournemouth Hospital, the following endoscopic treatments are available:

- Radiofrequency ablation (RFA) involves the use of heat energy to destroy abnormal cells in the lining of the oesophagus, allowing healthy, normal cells to grow in their place.
- Endoscopic mucosal resection (EMR) involves the removal of abnormal cells by taking away part of the lining of the oesophagus during endoscopy.
- Argon plasma coagulation (APC) involves the use of electrical current, applied through a stream of argon gas, to target and destroy any areas of dysplasia left after EMR. Research is ongoing as to which treatment is safest and most effective; your endoscopist will discuss the options with you, and the risks and benefits of each kind of treatment.

For further information and details of local support groups, contact:

Barrett's Wessex, 6 Braeside Crescent, Southampton, SO19 7AZ
website: **www.barrettswessex.org.uk** Tel: **023 8076 4397**

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW
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