Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Patient Information

Barrett's Oesophagus

Gastroenterology

What is Barrett's Oesophagus?

Barrett's Oesophagus is a condition where the normal lining, coating the lower part of the gullet (oesophagus) changes to being a thin membrane like the lining of the stomach or intestine. This condition was named after a London surgeon called Norman Barrett in the 1950's. He was among the first to discover it.

What causes Barrett's Oesophagus?

The cause of the condition is not known. It is believed that many years of reflux of stomach contents into the gullet (sometimes perceived as heartburn) causes injury to the lining of the gullet (oesophagitis). This inflammation may lead to damage to the gullet cells, causing the change we call Barrett's Oesophagus. Sometimes bile-containing juices in the small intestine may work their way backwards into the stomach and gullet. It is possible that this mixture of stomach and intestinal juices is more damaging to the gullet than acid alone.

In normal circumstances the gullet heals and returns to normal, but sometimes the gullet does not heal in the usual way. How or why this change happens is not known. It appears that this change may be more common in patients who are male gender, and/or overweight. It has been shown that smoking can accelerate any change in Barretts Oesophagus.

What are the usual symptoms?

- The condition often has no symptoms, but Barrett's oesophagus is sometimes found when a person is examined by means of an endoscopy for symptoms of heartburn and acid indigestion. Sometimes Barrett's oesophagus is found in people undergoing endoscopy for some other reason, e.g., to investigate anaemia.

- Other rare associated symptoms may include – hoarse voice, chronic cough, painful swallowing or food sticking after it has been swallowed.

What are the complications?

Barrett's Oesophagus can rarely cause a complication. Possible complications include:-

- Ulcers in the gullet
- Painful swallowing
- Difficulty swallowing
- Narrowing of the gullet
- Rarely, cancer of the gullet. (Oesophagus)

Most patients with Barrett's Oesophagus will never experience any of the above complications.

Is Barrett's Oesophagus important?

Cancer of the Oesophagus (gullet) develops in 5% of patients with Barrett's Oesophagus during the course of their lifetime. This means that 19 patients in every 20 with Barrett's oesophagus will never develop oesophageal cancer. Cancer of the Oesophagus can take many years to develop and is often preceded by abnormal cell changes within the lining of the gullet (called dysplasia). Often patients are invited to undergo endoscopy at regular intervals to identify dysplasia. If these changes are detected early, then pre-cancerous changes can sometimes be cured. Nonetheless it remains unclear how beneficial these regular examinations of the gullet are, because so few patients will go on to develop a complication. Moreover, there is no guarantee that having regular endoscopies will detect cancer of the oesophagus at a curable stage. Rarely cancers can develop between one surveillance endoscopy and the next one. It will be some years before the advantages and disadvantages of regular endoscopies become clear. Also, endoscopy is not without its own risks, and these are themselves higher in older patients and/or those with major cardiac or chest diseases.

What is the treatment?

Treatment is usually aimed at reducing acid heartburn, controlling the symptoms and preventing any complications. Normally this is achieved by drug treatment, but occasional patients are investigated with a view to surgery to strengthen the junction between the stomach and gullet.

Other experimental treatments have emerged over recent years, but it is unclear whether any of these will be of long-term benefit.
An international study is currently in progress. Hopefully this will determine which of the experimental techniques are most helpful for treatment of Barrett's Oesophagus

You can take these helpful measures to reduce acid reflux.

- Stopping smoking
- Losing weight – if overweight
- Limiting your intake of fatty food, chocolate and caffeine
- Reducing intake of spicy foods and citrus fruits, if they aggravate the gullet or cause heartburn
- Trying not to eat large meals especially late at night or just before bed time.
- Trying not to over fill the stomach with large drinks.
- Sleeping in a more upright position, if heartburn is worse at night

Medication

Patients with Barrett's Oesophagus are normally treated with lifelong daily medication. This medication aims to reduce the amount of acid the stomach can make, so as to reduce the risk of acid refluxing into the oesophagus (gullet). The common medication used is called a Proton Pump Inhibitor. (e.g., Omeprazole) The exact dose can vary with brands and doses being modified until symptoms are controlled.

What happens now?

Once Barrett's Oesophagus has been diagnosed, the options for the future will be discussed. These are:

a) To attend for a repeat endoscopy and tissue sampling, usually every three years. At each visit biopsy samples are taken to look for any early abnormality of the cells. Depending on the general condition of each patient it is common to review the appropriateness of continuing with these regular endoscopies on reaching the age of 75 years.

OR

b) To contact your GP only when you experience a flare up or change in digestive symptoms. Your GP will be able to assess your symptoms and either change medical treatment or refer you to the hospital for assessment or endoscopy. This option means that you would not have further endoscopies unless your symptoms change.

REMEMBER – New symptoms of unexpected weight loss, pain or difficulty swallowing or vomiting, with or without blood require urgent medical attention.

References

- CORE, 3 St Andrews Place, London NW1 4LB
- FORT, Department of Clinical Pharmacology, University of Oxford, www.refluxhelp.org
- Guidelines for the Diagnosis and Management of Barrett's columnar-lined Oesophagus, British Society of Gastroenterology, 2005 (being updated 2013) www.bsg.org.uk

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