

Where can I get more information?

<http://www.patient.co.uk>

<http://www.corecharity.org.uk>

http://cks.library.nhs.uk/information_for_patients

<http://www.barrettscampaign.org.uk>

Luton and Dunstable Hospital 
NHS Foundation Trust

Information for patients about Barrett's Oesophagus

What is Barrett's Oesophagus?

The occurs when the cells lining the lower oesophagus (gullet or food pipe) change in appearance to that similar to cells found in the lining of the small intestine. The normal lining of the oesophagus appears pinkish-white, whereas the area affected by Barrett's oesophagus looks red.

What causes Barrett's oesophagus?

Many years of acid reflux (heartburn) are thought to cause Barrett's oesophagus. Up to 1 in 10 patients with reflux develop Barrett's oesophagus, particularly:

- Patients who have had severe symptoms for many years
- White men
- Patients over 50 years old

What are the symptoms?

Most patients will have had symptoms of reflux (heartburn). However, some patients may have no symptoms at all.

How is Barrett's oesophagus diagnosed?

The diagnosis of Barrett's is made by looking at small samples (biopsies) taken from the gullet under the microscope. Your doctor may suspect the diagnosis at the time of the endoscopy, but will always confirm this by taking samples.

Why is Barrett's oesophagus important?

Whilst most patients with Barrett's oesophagus will NOT develop any complications, in a small proportion (about 1 in 20 lifetime risk in patients who are known to have Barrett's oesophagus) it can gradually lead to the development of cancer of the lower gullet or upper stomach. Cancer associated with Barrett's oesophagus may take many years to develop and starts with a further change in the cells in the Barrett's lining to abnormal cells (dysplasia). Many patients with Barrett's oesophagus undergo regular endoscopy tests with biopsies to try and detect any dysplasia, so that this can be treated before it can turn into a cancer.

What is the treatment?

Treatment of Barrett's oesophagus is aimed at reducing reflux and controlling symptoms.

Medical treatment

All patients with Barrett's oesophagus should be on lifelong acid lowering tablets called **proton pump inhibitors** (omeprazole, lansoprazole, rabeprazole, pantoprazole, esomeprazole). The doses used should be enough to completely control any reflux symptoms. These tablets are very safe in the long term and have few side effects. One of the commoner side effects is diarrhoea, which can usually be avoided by changing to another brand, or occasionally to a high dose of an H2 blocker (cimetidine, ranitidine, famotidine, nizatidine).

Surgical treatment

This is an option for people with severe acid reflux that cannot be controlled with medical treatment. An operation can be done to tighten up the lower oesophagus to prevent acid leaking up into the oesophagus from the stomach (fundoplication). It can be done in most patients by keyhole surgery.

Endoscopic treatment

There are some new techniques such as laser treatment or photodynamic therapy to try and treat the abnormal lining. However, at present, these are experimental as their value has not yet been proved.

What happens now?

Once Barrett's oesophagus has been diagnosed, a repeat endoscopy and tissue sampling is undertaken every 2 years (or every 6 months if dysplasia has been detected) up to the age of 75 years (depending on general fitness for gastroscopy). Some patients are offered the opportunity to participate in a national study (BOSS) comparing regular 2 yearly gastroscopy with gastroscopy as required to find out which is best for follow up.