

## INFORMATION FOR PATIENTS

# Barrett's oesophagus

**This leaflet has been produced to reiterate the information given by the endoscopist at the time of your endoscopy when Barrett's oesophagus is suspected.**

Your endoscopy has shown that you have a condition called Barrett's oesophagus. In Barrett's oesophagus the cells that line the lower gullet (oesophagus) are abnormal. The main cause is long-standing reflux of acid from the stomach into the oesophagus.

People with Barrett's oesophagus have an increased risk of developing cancer of the oesophagus. The risk is small; however, you may be advised to have regular endoscopies to detect precancerous changes to the cells in the oesophagus. If precancerous changes develop then treatment to remove or destroy the precancerous cells may be advised.

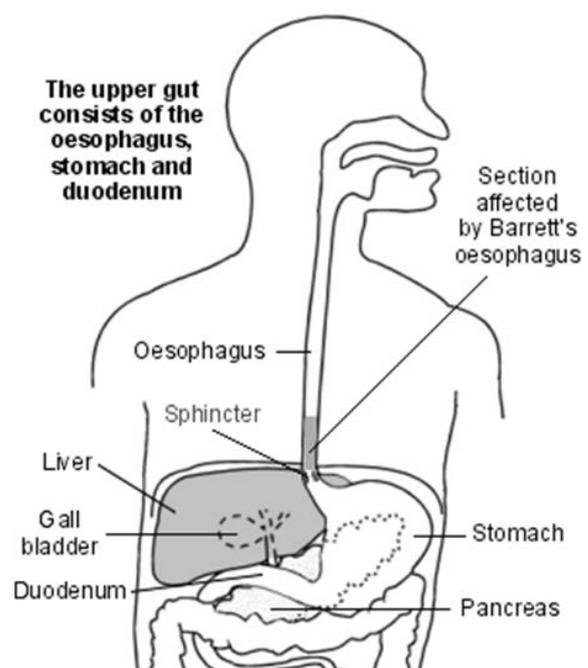
### Understanding the oesophagus and stomach

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 a thick liquid (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 is Barrett's oesophagus?



Barrett's oesophagus is a condition which affects the lower oesophagus. It is named after the doctor who first described it. In Barrett's oesophagus, the cells that line the affected area of gullet (oesophagus) become changed.

The cells of the inner lining (epithelium) 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. Another name sometimes used by doctors for Barrett's oesophagus is Columnar-Lined Oesophagus (CLO).

### **Is Barrett's oesophagus harmful?**

The changed cells of Barrett's oesophagus are not cancerous. However, these cells have an increased risk, compared with normal gullet (oesophageal) cells, of turning cancerous in time. The changed cells in Barrett's oesophagus can develop something called dysplasia. A cell with dysplasia is an abnormal cell. It is not cancerous, but is more likely than other cells to develop into cancer. It is often called a precancerous cell.

There are various degrees of dysplasia from low-grade dysplasia to high-grade (severe) dysplasia. Cells that are classed as high-grade dysplasia have a high risk of turning cancerous at some point in the future.

### **Please note**

If you have Barrett's oesophagus, the chance that it will progress to dysplasia, then to high-grade dysplasia, and then to cancer, is small.

In the majority of cases, the changes in the cells remain constant, and do not progress. About 1 in 20 people with Barrett's oesophagus develop dysplasia (usually after a number of years). Only a proportion of those with dysplasia progress, over months or years, to develop cancer. Studies have shown that, for a person diagnosed with Barrett's oesophagus, their lifetime risk of developing cancer of the oesophagus is about 1 in 20 for men and about 1 in 33 for women.

### **What causes Barrett's oesophagus and how common is it?**

The cause in most cases is thought to be due to long-term reflux of acid into the gullet (oesophagus) from the stomach. The acid irritates the lining of the lower oesophagus and causes inflammation (oesophagitis). With persistent reflux, eventually the lining (epithelial) cells change to those described above.

It is thought that about 1 in 20 people who have recurring acid reflux eventually develop Barrett's oesophagus. The risk is mainly in people who have had severe acid reflux for many years. However, some people who have had fairly mild symptoms of reflux for years can 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 that have been suggested include smoking and being overweight (particularly if you carry excess weight around your middle).

## **How is Barrett's oesophagus diagnosed?**

Barrett's oesophagus itself usually causes no symptoms. However, you are likely to have, or have had, the symptoms of long-standing or severe reflux disease described earlier.

### **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. This allows a doctor or nurse to look inside. 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 dysplasia (see above).

## **What is the treatment for Barrett's oesophagus?**

### **• Treatment of acid reflux**

This treatment is as described above. 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.

### **• 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. This is called surveillance. The biopsy samples aim to detect whether dysplasia has developed in the cells, in particular if high-grade dysplasia has developed.

The exact time period between each gastroscopy and biopsy sample can vary from person to person. It may be every two to three years if there are no dysplasia cells detected. Once dysplasia cells are found, the check may be advised every year or so. If high-grade dysplasia develops, you may be offered treatment to remove the affected cells from the gullet (oesophagus). Treatment details are discussed later.

There is debate as to the value of surveillance however, and if it is done, how often it should be done. Briefly, some doctors argue that most people with Barrett's oesophagus do not develop cancer.

Many people would need to have regular gastroscopies to detect the very few who develop high-grade dysplasia. In addition, complications are likely to occur in a small number of people who have gastroscopy.

Even if you develop high-grade dysplasia and have treatment, there is a risk of developing complications from treatment.

So, in effect, there is a debate as to the benefit versus the risk of surveillance. Your specialist will discuss with you whether you would like to have surveillance or not.

### **Surgery may be considered**

If you develop high-grade dysplasia or cancer of the oesophagus, the traditional treatment is to have 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. Also, newer therapies that have recently been developed are becoming more popular options if you develop high-grade dysplasia or early cancer.

### **A further important note**

If you have Barrett's oesophagus and you develop any new symptoms, such as weight loss, bringing up (vomiting) blood or difficulty swallowing, it is important that you see a doctor urgently. These are some of the symptoms that you may get from complications of gastro-oesophageal reflux and Barrett's oesophagus. These complications are rare, but can include a sore (ulcer) or cancer of the gullet (oesophagus).

### **Useful information**

FORT – Fight Oesophageal Reflux Together  
[www.fortcharity.org.uk/](http://www.fortcharity.org.uk/)

### **Contact details**

Endoscopy Department:

- Telephone 01623 622661 (King's Mill Hospital)
- Telephone 01636 785875 (Newark Hospital).

### **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

### **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

To be completed by the Communications office  
Leaflet code: PIL3314(2)  
Created: February 2016 / Revised: February 2018/  
Review Date: February 2020