

Patient information

Barrett's oesophagus

What is Barrett's oesophagus?

The oesophagus (food pipe/gullet) carries food from the mouth to the stomach and is lined by cells similar to that of the skin (squamous cells); these cells are pinkish-white and flat. In Barrett's oesophagus the cells become tall and red (columnar cells). These cells can also vary in appearance; some resemble the stomach lining, others that of the small intestine (intestinal metaplasia).

Causes of Barrett's oesophagus

It is thought that long term exposure of the oesophagus to acid reflux (gastro oesophageal reflux disease – GORD) causes Barrett's oesophagus.

The oesophagus does not have a protective lining against the acid produced to aid digestion in the stomach, hence over exposure to this acid can cause inflammation and pain (oesophagitis). The oesophagus usually heals with time, but this over exposure of bile and acid leads to changes.

You are more at risk from acid reflux if you:

- Smoke
- Are overweight
- Excessive alcohol intake
- High intake of spicy / fatty / acidic food
- Already have a hiatus hernia

It is more common in men than women and typically affects men between the ages of 50 - 70 years.

Symptoms of Barrett's oesophagus

Symptoms are those associated with acid reflux:

- Heartburn: burning pain in the gullet following a meal, when stooping or lying down
- Regurgitation of bile or acid, particularly at night, giving a salty / sour taste at the back of the throat
- Indigestion

Less common symptoms, which may be a sign of more serious problems can include:

- Nausea and vomiting
- Difficulty and/or pain swallowing food
- Blood in the vomit or faeces

Diagnosis of Barrett's oesophagus

Typically, diagnosis is by endoscopy (also known as a gastroscopy). This test involves a thin flexible telescope which is passed through the oesophagus down into the stomach. This can be carried out by a specialist nurse, gastroenterologist or gastrointestinal consultant.

Small samples of tissue (biopsies) can be taken and sent to the laboratory to examine the cells.

Treatment of Barrett's oesophagus

Self-help advice:

- Losing weight – if necessary
- Eating small regular meals
- Allowing time for food to digest before going to bed
- Avoiding foods that aggravate the condition
- Avoid tight fitting clothes

Medicines

This is achieved by treating symptoms of GORD, this medication is called a proton pump inhibitor (PPI). PPI's help to suppress the acid production in the stomach and you will probably have to take this medication long term.

Surgery

If this is seen as beneficial you will be referred to a surgeon to discuss this. Surgery can be performed to strengthen the valve at the bottom of the oesophagus to prevent further reflux, or to remove the abnormal cells.

Laser therapy, Argon Plasma Coagulation or Cryotherapy are all being researched as to the benefits they may bring to treatment of Barrett's.

A further note

Reflux disease and Barrett's oesophagus can increase your risk of developing a cancer of the oesophagus. The risk of this is low, but we are able to see changes in the Barrett's that help us to predict your risk of developing a cancer. For some patients, it will be necessary to monitor Barrett's oesophagus. This involves having a gastroscopy and biopsies at regular intervals to ensure the cells are not developing abnormal changes. You may have surveillance investigations from six monthly to two yearly intervals. If you develop new symptoms between gastroscopies such as difficulty swallowing, please talk to your doctor. We may need to repeat the gastroscopy sooner than planned

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

