

Patient information factsheet

Barrett's oesophagus

We have given you this factsheet because you have been diagnosed with a condition called Barrett's oesophagus. It explains what Barrett's oesophagus is, what causes it and how it is treated. We hope it helps to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is Barrett's oesophagus?

Barrett's oesophagus is a long-term condition in which the cells in the lining of the oesophagus (the tube which carries food and fluids from the mouth to the stomach) change, becoming more like the cells in the lining of the stomach.

The lining of the oesophagus is normally pale pink or white in colour, but in people with Barrett's oesophagus, it is salmon-pink or reddish in colour.

What causes Barrett's oesophagus?

The main cause of Barrett's oesophagus is acid reflux (where stomach acid flows back up into the oesophagus).

Acid reflux occurs when the muscular valve at the bottom of the oesophagus becomes weak and does not close properly. Unlike the stomach, which has a special lining to protect it from acidic digestive juices, the oesophagus does not have a protective lining. This means that when stomach acid repeatedly flows back into the oesophagus, it can cause irritation and inflammation (known as oesophagitis).

The lining of the oesophagus will usually heal with treatment and return to normal. However, in some cases, the cells lining the oesophagus heal differently and change to become more like cells lining the stomach. This change is called **Barrett's oesophagus**.

Occasionally, these cells may go on to develop further abnormal changes (called dysplasia), which may increase the risk of cancer developing in the future.

Dysplasia can either be:

- low grade (the cells are slightly abnormal)
- high grade (the cells are more abnormal)

In a small number of people, these abnormal cells can develop into oesophageal cancer. Because of this, Barrett's oesophagus is sometimes described as a **pre-cancerous condition**.

How common is Barrett's oesophagus?

Barrett's oesophagus is relatively common, affecting up to 2 in every 100 people.

The condition is more common in:

- people with long-term gastro-oesophageal reflux disease (GORD)
- men (usually occurring between the ages of 50 and 70)

What are the symptoms?

Barrett's oesophagus does not cause symptoms. However, most people with the condition will experience symptoms of indigestion and heartburn (a burning feeling in the chest caused by stomach acid travelling up towards the throat).

Other possible symptoms of acid reflux include:

- hoarseness or a sore throat
- regurgitation (bringing partly digested food back up into the throat or mouth)
- a recurrent cough
- chest pain
- a bitter or sour taste in the mouth

Please note that having these symptoms does **not** automatically mean you have Barrett's oesophagus. Approximately 10 to 15% of people with chronic acid reflux symptoms will develop Barrett's oesophagus. However, it is important that if you have any concerns, you contact your general practitioner (GP) for advice.

How is Barrett's oesophagus diagnosed?

In order to diagnose Barrett's oesophagus, you will usually need to have an endoscopic procedure called a gastroscopy.

This procedure involves an endoscopist (a specialist doctor or nurse) passing a thin, flexible tube with a camera built into its tip through your mouth and into your oesophagus. The endoscopist will then examine the lining of your oesophagus and, if necessary, take small samples of tissue (known as biopsies) to look at under a microscope.

If the cells in the samples show changes which make them look more like cells found in the stomach or small intestine, this will confirm the diagnosis of Barrett's oesophagus. The endoscopist will also examine the samples for any further cell changes (dysplasia) that could increase the risk of cancer.

What is the treatment for Barrett's oesophagus?

Lifestyle changes

Making changes to your lifestyle can help reduce acid reflux and protect your oesophagus.

To help reduce acid reflux, we recommend:

- losing weight if you are overweight (to calculate your body mass index (BMI), visit the NHS website: www.nhs.uk/health-assessment-tools/calculate-your-body-mass-index)
- stopping smoking (for more information on stopping smoking, visit the NHS website: www.nhs.uk/live-well/quit-smoking)
- avoiding eating late at night
- avoiding tight clothing and bending after meals

Medication

Your healthcare team may prescribe you medication to help reduce the amount of acid in your stomach. This medication will usually be a proton pump inhibitor (PPI) such as:

- omeprazole
- esomeprazole
- lansoprazole
- pantoprazole

However, if you are intolerant to PPIs, your healthcare team may recommend a different medication such as famotidine.

It is important to note that these medications will not cure the condition itself but aim to reduce the potential of further damage caused by stomach acid.

Surveillance

If you have been diagnosed with Barrett's oesophagus, it is recommended that you have regular gastroscopies to monitor your lower oesophagus. This is called surveillance. We will arrange for you to have regular gastroscopy and biopsy procedures so that we can detect and treat any further changes (dysplasia) in the affected cells as early as possible. How often these check-ups will be will depend on your individual condition and circumstances. We will discuss this with you in more detail.

We may also arrange for you to have another type of test called a capsule sponge test to check the health of your oesophagus. This test is less invasive than a gastroscopy and involves swallowing a capsule (about the size of a cod liver oil or vitamin tablet) containing a soft sponge attached to a thread, that is designed to collect cells from the oesophagus. We will give you a separate factsheet containing more information about this test, if applicable.

- **If the samples we have taken show no further changes** to the affected cells in your oesophagus, we will invite you for follow-up appointments at intervals in line with local and national guidelines.
- **If the samples we have taken show any changes**, we will contact you to discuss the most appropriate options for further management.

Endoscopic treatment

Some people may benefit from direct treatment to the affected area, such as:

- **radiofrequency ablation** (a procedure that uses heat to destroy abnormal cells)
- **cryoballoon ablation** (a procedure that freezes and destroys abnormal cells)
- **endoscopic mucosal resection** (a procedure to remove part of the oesophagus lining)

All of these procedures are performed through an endoscope (a thin, flexible tube with a tiny video camera built into its tip). We will explain all of these procedures in detail to you and explain which, if any, are suitable for you.

Surgery

In some cases, we may recommend surgery to strengthen the valve at the lower end of the oesophagus to help stop stomach acid from flowing back up.

Patient information factsheet

This option is usually only considered if medications are not suitable or if symptoms continue despite the maximum medical treatment. We will discuss this option with you in more detail, if appropriate.

Will Barrett's oesophagus lead to cancer?

People with Barrett's oesophagus have a 10 to 15 times higher risk of developing oesophageal cancer compared to someone without Barrett's oesophagus. However, **only a small number of people with Barrett's oesophagus go on to develop cancer.**

This is why regular surveillance check-ups are strongly recommended. During these check-ups, we will look for cells that are starting to show abnormal changes (dysplasia) and provide any necessary treatment before the dysplasia progresses to cancer. If dysplasia is detected early, the condition is usually curable. However, if dysplasia is diagnosed at a later stage, the condition is more serious.

When should I seek urgent medical help?

Contact our gastroenterology Barrett's oesophagus secretary (using the details below), your GP or NHS 111 if you experience:

- difficulty or pain when swallowing
- food getting stuck in your throat or chest
- worsening acid reflux despite being on PPI therapy
- unexplained weight loss

These symptoms may need urgent medical attention.

Contact us

If you have any questions or concerns, please contact us.

Endoscopy unit

Telephone: **07500 761793** (every day, 8am to 6pm)

Gastroenterology Barrett's oesophagus secretary

Telephone: **023 8120 4965** (Monday to Friday, 8am to 5pm)

Useful links

Heartburn Cancer UK (HCUK)

www.heartburncanceruk.org/barretts-oesophagus

Guts UK

www.gutscharity.org.uk/advice-and-information/conditions/barretts-oesophagus

Macmillan Cancer Support

www.macmillan.org.uk/cancer-information-and-support/worried-about-cancer/pre-cancerous-and-genetic-conditions/barretts-oesophagus

www.macmillan.org.uk/cancer-information-and-support/treatments-and-drugs/oesophagectomy

Patient information factsheet

NHS

www.nhs.uk/conditions/heartburn-and-acid-reflux

www.nhs.uk/conditions/oesophageal-cancer

Cancer Research UK

www.cancerresearchuk.org/health-professional/diagnosis/investigations/capsule-sponge

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **PFSH@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

Join our family of charity supporters with a monthly donation! It's a wonderful way to show your ongoing support of our patients and staff.

Scan the QR code or visit **southamptonhospitalscharity.org/donate**



**Southampton
Hospitals
Charity**

Charity Registration Numbers 1051543

