Northern Oesophago-Gastric Unit

BARRETT'S OESOPHAGUS - a patient's guide

What is Barrett's oesophagus?

Reflux is very common in adults in the United Kingdom. Doctors call this 'gastro-oesophageal reflux disease' (abbreviated as GORD). This is where stomach contents (including acid) flow up into the lower oesophagus (gullet or food pipe). This causes heartburn symptoms or inflammation of the lining of the oesophagus or both. Over time, the injury caused by the reflux can cause the cell population there to change. This can be seen during endoscopy and is confirmed by taking biopsies. This is called **Barrett's Oesophagus** .

Why is it important?

A small proportion of people with Barrett's oesophagus can develop **cancer of the oesophagus**. This will only affect approximately 1 patient in 80 which is a small risk, but is greater than that faced by the general population. It is thought that this cancerous transformation occurs gradually, through a number of stages called **dysplasia.** As such, identifying people with Barrett's oesophagus may mean that we can pick up cancer at an earlier and more curable stage or even before it has turned into a fully fledged cancer**.**

What happens now?

You have Barrett's oesophagus so we would like to keep your oesophagus under surveillance! This is so that if you develop ANY cancerous or pre-cancerous changes in your Barrett's lining we should pick this up at an earlier stage than if we simply left you to your own devices. This means having regular endoscopies - usually every 2 years unless we see anything different. We will make all the arrangements for you.

Is there any treatment I need?

No treatment prevents Barrett's oesophagus developing in patients with GORD, nor has any been shown to prevent Barrett's transforming into pre-malignant tissue or cancer. Treatment is simply

used to prevent the symptoms of GORD, such as heartburn or associated problems like narrowing of the gullet, gullet ulcers or bleeding. Treatment usually means drugs that reduce acid production by the stomach, but antacids and other classes of drug have a place.

What if the biopsies show pre-cancerous change?

Most Barrett's never changes or turns cancerous. If it changes to the precursor condition, dysplasia, then a more detailed biopsy programme will be advised, with intervals between visits shortened. If the biopsies stabilise again, then follow-up can be stepped-down to every 24 months as before. If biopsies persistently demonstrate the most aggressive form of dysplasia, your doctor might advise that the offending area of oesophagus be completely removed by endoscopy or sometimes by surgery.

What if the biopsies show cancer?

Although uncommon, this is the most serious consequence of Barrett's oesophagus. By having surveillance endoscopies any cancer that develops is more likely to be identified at an earlier stage so that the chances of cure are much higher than for patients diagnosed with cancer of the oesophagus in the usual way.

Once cancer is proven, a thorough series of tests is required in order to fully evaluate the patient's general health and fitness, plus tests directed at discovering the cancer's extent. Once these tests are complete, individuals will have the opportunity of fully discussing the results and the treatment recommendations that follow.

Some patients who have cancer diagnosed on a Barrett's surveillance programme will be able to have endoscopic treatment but the majority of patients would need surgery and possibly chemotherapy to try to cure the disease.

Are the endoscopy tests compulsory?

No. Whilst we recommend endoscopic monitoring in most patients with Barrett's, this programme is entirely voluntary. Patients who do not wish to continue are free to decline.