DO I NEED TO BE MONITORED?

Patients are often advised to undergo further examinations at regular intervals (between 2–5 years), in order to identify any further changes in the oesophagus that might cause complications. However, despite the fact that Barrett's surveillance programmes are being set up in a number of hospitals in the UK, it is still not clear how beneficial this will be, since only a small number of people may go on to have further complications. It will be some years before the advantages and disadvantages of repeated endoscopies become clear and a general policy can be developed.

WHAT HAPPENS NOW?

Once Barrett's Oesophagus has been diagnosed and regular acid lowering tablets have been started, a repeat endoscopy and tissue sampling is performed at regular intervals to monitor this condition. This is usually repeated every one to three years, but the exact timing of these checkups depends on each individual case.

New symptoms, such as difficulty in swallowing, vomiting blood or weight loss, require urgent medical attention.

Resources on the web:

http://www.nhs.uk/conditions/gastroesophageal-reflux-disease

http://www.corecharity.org.uk/Barrett-s-Oesophagus.html

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EVERYTHING YOU NEED TO KNOW ABOUT

Barrett's Oesophagus

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What is Barrett's Oesophagus?

Barrett's Oesophagus is a condition where the cells of the oesophagus (gullet) grow abnormally.

The oesophagus is the muscular tube that connects the mouth to the stomach. Barrett's Oesophagus IS NOT a cancer, but it can develop into cancer in a small number of people.

The oesophagus (gullet) is the tube that carries food from the mouth to the stomach and is lined by cells similar to those that form the skin (squamous cells). In Barrett's Oesophagus the lining at the lower end of the gullet is found to have changed from being skin-like to being like the lining of the stomach. It was first identified in the early 1950's by a surgeon called Norman Barrett. The lining may come to resemble that of the small intestine described as 'intestinal metaplasia'.

WHAT CAUSES IT?

The cause of the condition is not known, but it is believed to be linked to the 'reflux' of digestive juices from the stomach up into the gullet. Acid is present in the stomach to help digest food. Unlike the stomach, the oesophagus does not have a protective lining, so when it is repeatedly exposed to the acid it may become inflamed and painful (Oesophagitis). Sometimes contents from the duodenum (the first part of the intestine after the stomach), particularly bile, may be present in the stomach and also reflux into the oesophagus.

The oesophagus usually heals with time and the lining returns to normal but sometimes, and particularly if bile is present, it heals in a different way and the lining changes to appear more like the lining of the stomach or small intestine. How or why the change occurs is not known, but this type of lining is unstable when present in the oesophagus and complications may develop.

The condition appears to be more common in men and people who are overweight. It has also been shown that smoking can accelerate changes to Barrett's Oesophagus.

The majority of patients with Barrett's Oesophagus may suffer from heartburn but will have no serious complications.

A few can develop problems such as ulcers in the lower gullet or a narrowing of the gullet called the stricture. In a very small proportion of patients (less than 1 percent per year or between 5-10 percent overall), Barrett's Oesophagus can gradually lead to cancer of the gullet or upper stomach. This may take many years to develop and is usually preceded by a further cell change within the Barrett's lining to abnormal appearing cells, (dysplasia). Repeating your endoscopy and biopsies at regular intervals monitors these changes. If the pre-cancerous changes (dysplasia) are detected early, it can be cured.

In general terms, patients can also take steps to help reduce reflux which may include:

- losing weight, if necessary
- eating small meals at regular intervals
- avoiding large, late meals and allowing time for food to be digested before going to bed
- avoiding tight clothes and bending down after meals
- stopping smoking will also be advised to stop smoking
- avoiding spicy foods and citrus fruits as these can aggravate inflammation in the gullet.

WHAT ARE THE SYMPTOMS?

The condition is often symptomless. Most people diagnosed with Barrett's Oesophagus will have been examined due to symptoms associated with gastro-oesophageal reflux, which causes a burning pain in the gullet, usually following a meal or when bending or lying down. Other common symptoms include a salty taste at the back of the mouth (termed water brash), hoarseness, due to acid damaging the vocal cords, and chest pain.

Barrett's Oesophagus can lead to complications such as ulcers in the gullet, bleeding, difficulty in swallowing due to a narrowing of the gullet (stricture), and occasionally cancer. The vast majority of people who have Barrett's Oesophagus have no serious consequences. Only a minority will develop any of the above complications.

HOW IS IT DIAGNOSED?

The diagnosis is made by means of an endoscopy. This involves a thin flexible telescope being passed through the nose (sometimes the mouth), into the gullet and on into the stomach. A small sample is usually taken (biopsy) for examination. This will confirm the diagnosis and also highlight any complications that may be developing.

WHAT IS THE TREATMENT?

Medical Treatment

Medical treatment may be used, aimed mainly at suppressing the production of acid in the stomach and therefore reducing the amount of acid available to reflux into the oesophagus with the help of lifelong acid lowering tablets which control the symptoms of heartburn and should stop acid from causing inflammation. These tablets, know as PPIs (Proton Pump Inhibitors) are safe in the long term and have few side effects, the most common being diarrhoea which can usually be managed by changing brand. Sometimes an additional medication such as Zantac (ranitidine) may be added when symptoms occur at night.

Surgical Treatment

The weakened valve at the lower end of the oesophagus, which allows reflux to occur, may be strengthened by a surgical operation as many patients with Barrett's Oesphagus have very severe reflux bile as well as acid which is less easily treated by tablets. It is not recommended for all patients.

Endoscopic Treatment

The abnormal lining may be destroyed by laser or by heat energy. This is done using an endoscope, with the aim of encouraging the normal lining to re-grow. However, these are, at present, experimental as their value has not been proved. Urgent research is needed to determine the best treatment of Barrett's Oesophagus so as to decrease the risk of development of cancer.