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A guide to...

Barrett's Oesophagus

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Patient information

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What is Barrett's Oesophagus?

Barrett's Oesophagus is a change in the lining of the gullet. It can occur in people suffering from acid and bile reflux, which often causes heartburn and indigestion symptoms. Less commonly it can be incidentally found in patients with no symptoms of acid reflux.

Approximately 1 in 10 patients with persistent acid reflux develops Barrett's Oesophagus and the risk increases with the duration and frequency of symptoms. Men are more frequently affected than women, and it can occur at any age.

Can Barrett's oesophagus lead to cancer and what monitoring is required?

The main concern with this condition is that it can increase the risk of developing cancer in the gullet. Although the majority of patients with Barrett's will never develop cancer, a rough estimate is that approximately 7% of people with Barrett's may go on and develop cancer during their lifetime.

Because of this small risk it is recommended that patients with Barrett's oesophagus are monitored with an endoscopy (camera test) in order to detect anything occurring at a very early and curable stage. During this test, multiple small tissue samples (biopsies) are taken to be examined under the microscope to look for possible changes.

Patients with a very short Barrett's oesophagus (less than 3cm) have a small risk and therefore may repeat endoscopy every 5 years. Some other patients with longer segments have a slightly higher risk and may require an endoscopy every 2 to 3 years.

Bear in mind that in cases where the Barrett's condition is extensive, the endoscopy can take longer than the regular 5 minutes. The reason for this is that more biopsies must be taken from different sites in your gullet to be sure nothing is missed.

If the tissue samples show inflammation called dysplasia, it may be recommended to have an endoscopy sooner or more frequently.

What medication should I take?

Patients with Barrett's oesophagus are usually prescribed medicines to control the acid reflux. The most common type of medication prescribed is called a proton pump inhibitor or more simply PPI.

PPI is a safe drug and can be taken for many years without significant risks. Once diagnosed with Barrett's oesophagus it is recommended to take anti acid tablets life long. However there is lack of evidence that PPI can prevent cancer from occurring, that is why surveillance endoscopy is still recommended besides taking these medicines.

Does it matter what I eat?

There are no precise dietary recommendations for patients with Barrett's oesophagus. However, you should avoid foods that make your reflux symptoms worse. For example, excess of alcohol, coffee, chocolate and fatty foods can make patients feel uncomfortable. If you find that large meals irritate your condition, then eating smaller amounts more often might suit you better.

What happens if I decide not to have surveillance?

In some cases having a repeat endoscopy every 3 to 5 years is not suitable. This can be because the patient is not fit for the procedure, the patient cannot tolerate it, the risk of having the test outweighs the benefits or simply because the patient does not want it.

If you decide not to have surveillance, you should discuss this carefully with your doctor or nurse endoscopist. Despite not being in our surveillance programme you can still be referred back to us by your doctor if you change your mind or experience a worsening of your symptoms.

Who can I contact if I have any questions?

Please do not hesitate to telephone the department on **01442 87811** (8.00am – 6.00pm Monday to Friday).