Barrett's oesophagus

What is Barrett's oesophagus?

Barrett's Oesophagus - often known just as Barrett's - is a condition that affects the lining of the oesophagus, the muscular tube that carries food, liquids, and saliva from the mouth to the stomach. Barrett's is sometimes referred to as a pre-cancerous condition. This means that people who have Barrett's are more likely to develop cancer of the oesophagus than people who do not have Barrett's. **However, this does not happen to the majority of Barrett's patients.**

Causes of Barrett's

Normally, the oesophagus is lined by a layer of short, flat cells, called squamous cells. This lining is similar to skin in that it is multi-layered and protects the oesophagus from injury caused by swallowed food and stomach acid. Reflux occurs when juices from the stomach and small bowel flow back up into the oesophagus repeatedly, over an extended period of time. This exposure to acid and bile can injure the lining of the oesophagus and may cause inflammation called oesophagitis. In some cases, as healing occurs, the normal squamous lining is replaced by cells that resemble those in the stomach or intestine, a process called metaplasia or change in cell shape. It is this abnormal lining that is called Barrett's oesophagus.

One in 10 individuals in the UK with a history of heartburn is estimated to have Barrett's oesophagus.

In a very few individuals with Barrett's the cell changes may develop into cancer. Cells that begin to show abnormal changes may gradually be developing a condition called dysplasia which occurs before cancer develops. This is why many people with Barrett's oesophagus have regular check-ups.

Barrett's oesophagus was first identified in the early 1950s by a surgeon called Norman Barrett. When examined with an endoscope, Barrett's oesophagus appears to be a dark red colour compared with a normal oesophagus, which is due to a richer blood supply. In some people it can extend along the oesophagus from 1 centimetre to as much as 15 or more centimetres.

Possible Symptoms of Barrett's

Many people with Barrett's oesophagus don't have any symptoms at all. However, long term indigestion/heartburn is the most common of those who do. Other symptoms could be an acid taste in your mouth, and/or regurgitation (bringing food up). Some also report pain under their breastbone or chest. Symptoms such as weight loss or difficulty swallowing should not be put down to Barrett's and should be investigated further.

How is Barrett's oesophagus diagnosed?

Barrett's oesophagus is generally diagnosed by endoscopy and recently less invasive, non-endoscopic tools such as the Cytosponge-TFF3 test have also become available in some centres. Endoscopy involves a tiny camera on a thin tube being passed down your oesophagus so that the doctor can look at the lining. The tube is usually passed through the mouth but can sometimes be done with a smaller tube through the nose. During an endoscopy to diagnose Barrett's small samples of the cells, called a biopsy, are taken so that they can be looked at under the microscope to identify the Barrett's cell changes and look for any evidence of dysplasia. The Cytosponge-TFF3 test can be done without any sedation, sitting up in the GP or hospital setting. You are asked to swallow a pill on a string which dissolves after 7 minutes when it reaches the stomach releasing a small, spherical sponge. The nurse will then withdraw the sponge by pulling on the thread so that it collects cells from the oesophagus. The cells are then tested in the laboratory for evidence of Barrett's using a special stain called TFF3.

How is Barrett's treated?

It is normally treated with acid suppressant medicine such as proton pump inhibitors (PPIs) to control reflux symptoms. If there are more advanced dysplasia changes to the cells then treatment is usually recommended to remove the abnormal lining. The good news is that there are highly successful and simple outpatient based, endoscopy treatments to remove the abnormal cells. These treatments are called endoscopic mucosal resection and ablation such as Radiofrequency Ablation or RFA. If you need such treatment your doctor will discuss what it entails.

Once Barrett's has developed it does not reverse without treatment. Recent evidence suggests that combining PPIs with aspirin can reduce the risk of Barrett's progressing to dysplasia or cancer, but this combination should only be taken with the advice of your doctor.

Check-ups for those living with Barrett's oesophagus

If you have been diagnosed with Barrett's you will usually be offered regular check-ups with an endoscopy and biopsy. How often you have these check-ups will depend on your particular case. Most people only need an endoscopy every 2 to 5 years. Occasionally doctors will ask to see you more frequently.

Check-ups allow the doctors to monitor any changes in the cells of your oesophagus and alter your treatment if necessary. This may involve changing the dose of your acid-suppression medication or removing the abnormal areas in the oesophagus. If dysplasia is found early, it can usually be cured before cancer develops.

The diagnosis of Barrett's oesophagus can affect people in different ways. Even though the risk of cancer is very low some people find a fear of developing cancer extremely difficult to manage and some find physical symptoms or any necessary treatment affects them more. Feeling upset, scared, frustrated or hopeless are all normal reactions but should be discussed with your GP if they affect your quality of life so that you can receive appropriate support. Some areas will have specialist nurses or support groups like the ones that we facilitate which enable individuals to meet people with similar experiences or feelings to their own. It's really important not to suffer alone, always speak to your GP if you have concerns and they will be able to point you in the direction of services in your area that may help.

Diet and Lifestyle changes that can help relieve your symptoms

There are some simple lifestyle and dietary changes that can help to reduce acid reflux.

Do's

- **Follow a healthy balanced diet**
- **Maintain a healthy weight**
- **Take regular exercise**
- **Eat small meals at regular intervals over the day**
- **Relax at mealtimes and chew food properly sitting upright**

Things to avoid

- **Excess alcohol**
- **Smoking**
- **Skipping meals**
- **Eating late at night or just before going to bed**

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