HEARTBURN CANCER UK

Is it really only Heartburn?

Barrett's Oesophagus

Everything you Need to Know... and More

Essential Information About...

Barrett's Oesophagus

- What is Barrett's oesophagus?
- Symptoms
- Causes
- Diagnosis
- Treatment
- Useful information and where to find help and support

What is Barrett's Oesophagus?

The oesophagus is the muscular tube that carries food from the mouth to the stomach, it is also known as the food pipe or gullet.

When people talk or write about Barrett's oesophagus, the name is sometimes shortened to just 'Barrett's'.

Barrett's is a 'potentially precancerous condition', where some of the normal cells in the lining of your oesophagus have changed to be 'abnormal' and more at risk of turning into cancer. It does not mean you have cancer. But it can be a warning sign.

A small number of people who develop Barrett's go on to develop oesophageal cancer.

Most people with Barrett's don't develop this cancer. But if you have it, your doctors will probably want to give you some medication, keep a closer eye on you and/or send you for some treatment.

The Main Symptoms... What Should I Look out for?

The main symptom of Barrett's oesophagus is reflux, also known as gastro-oesophageal reflux disease (GORD). This is where acid or juices from the stomach or small intestine escape and flow back up into the oesophagus, which often gives people heartburn.

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It can also:

- Make people feel sick (nauseous)
- Give them a sour, acidic or metallic taste in their mouth
- Cause people to bring back up partly digested food (regurgitation)
- Give people a hoarse voice or a chronic sore throat
- Some patients also complain of pain in the upper abdomen

Reflux or heartburn is often worse first thing in the morning, or when lying down.

It can also wake people up at night. If this happens, you should contact your doctor because it's a commonly reported symptom for people with Barrett's.

Unfortunately, people often treat these symptoms without going to the doctor.

They buy over-the-counter antacids (such as Gaviscon or Rennie) from the supermarket or chemist instead. But this can mask a problem and delay the Barrett's being found, treated, or monitored.

Anyone with heartburn (or any of the other listed symptoms) - regularly for three weeks or more - should always contact their doctor.

What Causes it?

The 'abnormal cells' found in the lining of the oesophagus, which is the main feature of Barrett's, usually come from the point where the oesophagus meets the stomach.

They develop as the lining heals after being damaged by the misplaced stomach acid or bile.

As the body repairs, it creates stomach or intestine lining cells, not normal oesophagus lining cells.

Over time, these changed cells can develop into something called dysplasia, which is a precancerous condition.

Although, again, not everyone who has dysplasia will develop cancer. It simply increases the risk.

No one knows exactly why these cell changes happen, but it is closely linked with having gastro-oesophageal reflux disease (GORD) for a long time.

GORD is where the reflux - stomach juices that flush back up into the oesophagus inflame and damage the lining of the oesophagus.

About 1 in 10 people with GORD will develop Barrett's oesophagus.

The risk of developing Barrett's increases with how long you've had a problem with reflux/GORD, how often you have symptoms and how severe those symptoms are.

How is it Diagnosed?

To diagnose Barrett's, doctors need to know what's happening to the cells in the lining of your oesophagus.

They usually do this in three ways:

Endoscopy (Gastroscopy)

This is where a camera on a thin tube (about the width of a little finger) is passed down your throat. This can be done with or without sedation. If anything concerning is found, a few cells will be taken from that area (a biopsy), and sent to the lab to be checked.

The Capsule Sponge Test - known as the Cytosponge™ or EndoSign®

This is where you swallow a pill on a strong thread (the size of a large vitamin pill). You swallow the coated capsule, and it sits in your stomach for seven minutes to allow it to dissolve. A nurse then quickly and gently pulls the thread, and the sponge then travels up the oesophagus collecting cells. The cells are sent to the lab to be checked. You might also be sent for a follow-up endoscopy if the lab finds anything abnormal. This new technique is currently only available in a few areas. But it should be more widely available in the future.

Trans Nasal Endoscopy (TNE)

This is sometimes offered as a way to investigate symptoms. This is similar to an endoscopy/ gastroscopy but instead of a camera going down your throat the camera will go up through your nostril.

How is it Treated?

Treatment options are normally based on four things:

1. The stage and location of the Barrett's
2. How big the area affected is
3. Your own health history
4. Your family health history

Common Treatment Options

If you have Barrett's, you may be offered a combination of these treatments.

Treatments to Deal with the Abnormal cells or Damage in the Oesophagus

1. Intense Surveillance (active watching)

If you have Barrett's, you will sometimes be monitored closely by having regular endoscopies. The decision on how often to undertake surveillance is based on a discussion between the patient and the hospital who diagnosed the Barrett's.

- Doctors will check that the cells haven't changed into something more concerning, such as early-stage cancer, which may need more extensive treatment
- Early diagnosis improves the chance of a good outcome

Sometimes, people will be offered procedures that treat or remove the damaged segment of the oesophagus.

2. Endoscopic Mucosal Resection - EMR

This is where a doctor will remove abnormal cells from the inside of the oesophagus in a similar way to the camera test used to look for the cancer. This may need to be done more than once.

- EMR treats the abnormal area by removing pre-cancerous cells, or small areas of cancer, without major surgery
- Ascar will form on the area where the cells have taken. But this normally heals on its own. However, people often feel uncomfortable in the chest and have some pain when swallowing for the first two or three days
- If someone feels pain for longer, or if they find it difficult to swallow food, they may need

another endoscopy to stretch the scar. This happens to about 1 in 20 patients

- There is also a risk of bleeding after an EMR (this happens in about 1 in every 500 cases). This bleeding will usually stop by itself, but observation and further treatment in hospital may be needed. Rarely (in about 1 in 200 cases) a small hole in the lining of the oesophagus develops (this is called a perforation). This means you would have to go into hospital for antibiotics and artificial feeding and possibly an operation to repair any damage

3. Endoscopic Submucosal Dissection

ESD is a procedure used to remove early-stage cancer in the lining of the oesophagus (food pipe). It is similar to EMR but it removes the abnormal area in one segment.

4. Radiofrequency Ablation - RFA

This is a treatment, which uses radiofrequency, a type of heat therapy to treat the area of Barrett's oesophagus. The treatment is given during an endoscopy procedure and patients go home the same day. It's quite usual for people to have more than one treatment to deal with all abnormal cells.

- RFA means that the abnormal cells are removed by being burnt away
- It's been used in the UK, Europe and the US for many years and is now the recommended first treatment for severe (high-grade) and less severe (low grade) Barrett's
- It is done under sedation and is very safe and effective at removing abnormal cells, but it can only be used on flat areas. EMR will first be used to remove anything that is raised
- The technique is often called by the name of the device used. This includes HALO® RFA or Barrx®

Treatments to try and Stop the Acid from Reaching the Oesophagus (and Doing more Damage)

1. Medication to Reduce the Acid Level in your Stomach

- Doctors often give people with Barrett's a kind of medication called PPIs, which stands for Proton Pump Inhibitors
- Common ones are omeprazole and lansoprazole. But there are others too
- These reduce the amount of acid in the stomach the body produces, and therefore make it more difficult for it to flush back up the oesophagus

2. Lifestyle Changes

- Being overweight or obese, drinking alcohol and smoking can all affect acid reflux. Making some changes to your lifestyle can make a difference
- People can also make improvements by cutting down their portion sizes, taking more exercise and not eating within three hours before they go to bed. You can find more information about this on our diet and lifestyle page

3. Surgery called a Laparoscopic Anti-reflux Surgery (LARS) - Also known as Nissen Fundoplication

- If medication and lifestyle changes don't help, doctors sometimes consider something called a laparoscopic anti-reflux surgery. This is where the upper part of the stomach is stapled around the lower part of the oesophagus, making a better seal

Extra Things you Might find Useful

More About the Oesophagus

The oesophagus (which is pronounced o-sof-a-gus) is the muscular tube that joins the mouth and the stomach and is sometimes called the food pipe or the gullet.

This tube is normally lined by a layer of short, flat cells, called squamous cells.

This lining is similar to skin. It is multi-layered and protects the oesophagus from injury caused by swallowed food and stomach acid.

The oesophagus is not designed to cope with regular exposure to the strong acid or bile in the stomach. It's when this acid gets misplaced that causes many of the main health issues, including inflammation, damage, cell changes and cancer.

More Information is Available from:

NICE Guidelines

Link to the HCUK Online Support Group

Online Support Group

For further information visit our website

heartburncanceruk.org