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Information for patients with Barrett's oesophagus

What is Barrett's oesophagus?
Barrett's oesophagus is a change in the cells lining the gullet to a different cell type not normally found in this organ. It tends to occur in people suffering from acid and bile reflux, which often causes heartburn and indigestion symptoms. It is also more frequent in people with a hiatus hernia, which is an impairment of the valve that normally prevents acid juices passing from the stomach to the gullet. Men are more frequently affected than women, although it can affect people of either sex and at any age.

Can Barrett's oesophagus lead to cancer and what monitoring is required?
There is a connection between Barrett's oesophagus and a type of cancer of the gullet, called oesophageal adenocarcinoma. 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 to develop cancer during their lifetime. Because of this, it is recommended that patients with Barrett's oesophagus are monitored with an endoscopy (camera test) in order to detect any cancer occurring at a very early and curable stage. During this test, the doctor also takes multiple small tissue samples (biopsies) to be examined under the microscope for cellular changes.
For some patients, the risk of cancer is extremely small. For example patients with a very short segment of Barrett's (1 or 2 cm) have a very small risk and therefore may not need repeat endoscopy or require one endoscopy every 3 or 5 years depending on the cell types present in the biopsy. Some other patients with longer segments and the cell type called intestinal metaplasia have a slightly higher risk and may require an endoscopy every 2 or 3 years. If cellular changes called dysplasia are found under the microscope, it may be recommended to have an endoscopy sooner. In these cases two pathologists will be asked to double check the biopsy changes and the hospital specialist will decide how soon the endoscopy test should be repeated.
Endoscopy is generally a safe procedure, but carries a small risk of complications. These occur when something goes wrong. Possible complications are bleeding or perforation (tear through the wall of the gullet or stomach), but they are rare occurring in less than 1 every 1000 endoscopies. It is important to understand this risk when agreeing to receive regular endoscopic monitoring. Also, endoscopy can be unpleasant, but an injection prior to the test (sedation) can make it much more tolerable.
When deciding whether or not to consider sedation for regular monitoring (or surveillance) of your Barrett's, there are further considerations to keep in mind. Sedation is not a general anaesthetic so you should be conscious during sedation and may still experience some unpleasant sensations. Generally you will sleep after the procedure and will probably not remember much of it as the sedation makes you drowsy and amnesic. You will not be able to drive or operate machinery for the rest of the day and will need someone to accompany you home and be with you for the rest of the day as you are likely to feel drowsy and off-balance. This is especially so for the elderly. There is also the risk of respiratory problems with sedation such that your breathing slows down and there is a very small risk that you may stop breathing altogether needing the administration of a further drug to reverse the effects of the sedative drug. For this reason, it is considered much safer to have the surveillance gastroscopy using an anaesthetic throat spray only.

This has the advantage that once your swallowing is back to normal (which usually takes about an hour), then you can resume your normal day-to-day activities without any restrictions or the need to be accompanied. Indeed many patients drive back to a normal day's work after having had their surveillance procedure under throat spray. This would not be possible with a sedative procedure.

What treatment is available for early cancer?
If severe cellular changes (high grade dysplasia) or a small cancer are found at endoscopy, a treatment may then be offered. Whenever possible, rather than an operation patients are offered endoscopic treatment as this is less invasive. Endoscopic treatment is performed through the channels present in the flexible camera tube in order to remove the cancer (endoscopic resection) or ablate (burn off) the Barrett's oesophagus using a treatment such as radiofrequency ablation. In some circumstances surgery may be needed when the cancer is more advanced.

What medication should I take?
Patients with Barrett's oesophagus are usually prescribed medications 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. Patients that are intolerant to PPI can be offered keyhole surgery to correct the hiatus hernia and stop the reflux to occur. Studies have showed that PPI and keyhole surgery are equally effective in controlling the reflux. However there is lack of evidence that PPI or keyhole surgery can prevent cancer from occurring. Other medications include H2 blockers and drugs to neutralise the acid such as gaviscon or rennies. Sometimes more than one type of medication is recommended for use at the same time.

Does it matter what I eat?
There are no precise dietary recommendations for patients with Barrett's oesophagus. However, you should avoid foods if they make your reflux or heartburn symptoms worse. For example, excess of alcohol, coffee, chocolate and citrus fruits all fall into this category. Fatty foods also tend to take longer to leave the stomach and this can make patients feel uncomfortable. If you find that large meals irritate your Barrett's, then eating smaller amounts more often might suit you better. Overall, eat foods that suit you and enjoy all things in moderation!
If you need more information ask your family doctor or hospital specialist or visit this website http://www.h-cas.org/

What happens next?
Your recent gastroscopy has confirmed that you have Barrett's Oesophagus which now needs to be regularly monitored. Considering the nature of your Barrett's, your health and general fitness, it is felt that you are a suitable candidate for surveillance. If you agree to attend for regular surveillance, you need not do anything further as Berkshire West Community Endoscopy Service (BWCES) will recall you when your next gastroscopy is due. If you wish to discuss this matter in any more detail, please advise us so that a suitable appointment can be arranged for you either over the telephone or in consultation with one of our Endoscopists. BWCES can be contacted as in the given details above.
Your GP has also been advised of your results and your need for surveillance. Please note if you agree to surveillance then please advise us of any subsequent changes to your address or GP so that appropriate follow up can be arranged.

This leaflet has been produced By Dr J D'Cruz Clinical Lead for Berkshire West Community NHS Endoscopy Service based on guidance from the British Society of Gastroenterology

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