

# Barrett's oesophagus

This leaflet has been written by staff working in the Endoscopy Unit at West Middlesex University Hospital. We hope you find it useful. If, after you have read it, you have any questions or concerns, please contact us on 020 8321 2585/5191. When you come into the unit (Ground Floor) please talk to us about any worries and ask any questions you have.

If you would like to change your appointment time or date, please contact the endoscopy unit booking team on 020 8321 5752/5380.

**Your appointment time in endoscopy is approximate because some procedures may take longer than expected and emergency procedures need to take priority. Please expect to be in the department for several hours—having pre-procedure checks, the procedure and for recovery after the procedure.**

Appointment date

Appointment time

## Contact information

### Endoscopy Department

West Middlesex University Hospital  
Twickenham Road  
Isleworth, Middlesex  
TW7 6AF

**T:** 020 8321 2585/5191  
**W:** [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)

## Patient Advice and Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital near the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website [www.chelwest.nhs.uk/pals](http://www.chelwest.nhs.uk/pals).

We value your opinion and invite you to provide us with feedback.

**T:** 020 8321 6261  
**E:** [wmpals@chelwest.nhs.uk](mailto:wmpals@chelwest.nhs.uk)

## West Middlesex University Hospital

Twickenham Road  
Isleworth, Middlesex  
TW7 6AF

**T:** 020 8560 2121  
**W:** [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)

January 2020

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**Speak to your clinician**



# Barrett's oesophagus

Information for patients



## Introduction

You have been given this leaflet, because you have been diagnosed with Barrett's oesophagus. This leaflet answers some commonly asked questions about Barrett's oesophagus, and the role of Barrett's surveillance endoscopies.

## What is Barrett's oesophagus?

Barrett's oesophagus is a condition which affects the oesophagus (the food pipe connecting the mouth to the stomach). In Barrett's oesophagus the lining of the oesophagus has changed from a pinkish white appearance to a reddish discolouration which is seen at endoscopy.

## What causes Barrett's oesophagus?

Barrett's oesophagus is thought to occur due to excess acid reflux in the stomach. This causes the cells which normally line the oesophagus to be replaced by those which normally line the stomach.

## What causes the reflux?

It is thought that the acid reflux is caused by a weakened sphincter at the bottom of the oesophagus. It is not clear how this happens, however some risk factors which are thought to contribute include obesity, smoking, alcohol and hiatus hernia. Some individuals may not have the above risk factors and still develop Barrett's oesophagus.

## Why is Barrett's oesophagus important?

Barrett's oesophagus can predispose an individual to oesophageal cancer—although it is important to realise that fewer than 1 in 20 patients with Barrett's oesophagus go on to have cancer of the oesophagus over their lifetime.

In order to try to detect the presence of pre-cancerous changes early and provide treatment, it is important to monitor patients with Barrett's oesophagus. This is done by enrolling them into the Barrett's surveillance program at this Trust.

## What does the Barrett's surveillance program entail?

Enrolling into the surveillance program means having regular endoscopy tests. How frequently these are done depends on a number of factors and will be decided individually.

Endoscopy is a tool used to identify patients with Barrett's and to look for any suspicious changes in the lining of the oesophagus. The aim of the endoscopy is to find abnormal cells early before they develop into oesophageal cancer.

Endoscopy is a generally safe procedure but there is a small risk of complications. These are an extremely small risk of bleeding (haemorrhage 1 in 1,000) or a tear of the gut (perforation 1 in 9,000). These may require urgent treatment, blood transfusion or surgical operation.

During the procedure the endoscopist will usually take several biopsies from the abnormal area. This can take time, so we would recommend that patients have sedation for the procedure to improve their experience. If you do have sedation you will need an escort to take you home after. In addition, because multiple biopsies are taken to detect any cell changes, please let the endoscopy staff know at the time of booking if you have been started on any blood thinning tablets such as aspirin, clopidogrel, warfarin, rivaroxaban, apixiban etc.

## What will happen after the endoscopy test?

The biopsy tissue from the test will be examined under the microscope to confirm the diagnosis of Barrett's oesophagus and to look for any pre-cancerous changes. A letter detailing the results of the endoscopy and microscopy results will be sent to you and your GP. This letter will detail if any further treatment is needed and when your next surveillance endoscopy is planned.

## What if my results show pre-cancerous cells?

If pre-cancerous cells are found, then the term 'dysplasia' will be used, along with a grading of either 'low grade' or 'high grade'. This does not mean that a cancer diagnosis has been made, however samples with high grade dysplasia are much more likely to turn cancerous.

An appointment will normally be made to discuss these results with you, and the treatment options available. Treatment can usually be offered by a further endoscopy to remove the abnormal cells (endoscopic resection), or burning off the abnormal areas in a technique called radio-frequency ablation. These endoscopic treatments are not currently offered at this hospital, but we would refer you to a specialist centre for treatment, if needed.

## What if my results do not show pre-cancerous cells?

Even if no pre-cancerous cells are found, there is still a risk of this developing in the future. The aim of Barrett's surveillance is to identify these pre-cancerous cells early—therefore you will still be invited to have regular endoscopy tests. The interval of which this will occur will be decided after your biopsy results has been reviewed along with how much of the lining of the oesophagus has been affected by Barrett's oesophagus.

Although the aim of the endoscopy surveillance is to find abnormal areas of Barrett's early on, there is no guarantee that having regular endoscopy surveillance will detect all cancers at an early stage. Rarely, cancers can develop between one surveillance endoscopy and the next one.

Current guidelines do not recommend surveillance for patients with short segments of Barrett's (less than 3 cm) if the cell type is not concerning. In these cases you may be discharged back to your GP with advice.

## What can I do to reduce the risk of oesophageal cancer developing?

We will ask your GP to prescribe regular acid suppressing medication such as omeprazole. You should continue taking these even if you have no reflux symptoms. You can also take steps to reduce the risk of oesophageal cancer developing:

- Stop smoking
- Reduce alcohol intake
- Avoiding late night snacks before bedtime (to reduce the risk of acid reflux)
- Weight loss to a healthy Body Mass Index

In terms of diet, 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.