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Barrett's Oesophagus

An information guide

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Barrett's Oesophagus

Understanding the oesophagus and stomach

When we eat, food passes down the oesophagus (gullet) into the stomach. Cells in the lining of the stomach make acid and other chemicals which help to digest food. Stomach cells also make a mucus which protects them from acid damage. The cells on the inside lining of the oesophagus are different and have very little protection from acid.

There is a circular band of muscle (a 'sphincter') at the junction between the oesophagus and stomach. This relaxes to allow food to go down, but normally tightens up and stops food and acid leaking back up (refluxing) into the oesophagus.

What is Barrett's oesophagus?

It is a condition which affects the lower oesophagus. The cells lining the oesophagus change in the affected area. It is named after the doctor who first described it.

The cells of the inner lining of the normal oesophagus are flat cells known as squamous cells. The cells of the inner lining of the area affected by Barrett's oesophagus are tall, red cells known as columnar cells. These cells are similar to the cells that line the stomach or small bowel.

The changed cells at the lower end of the oesophagus are not cancerous. However, these cells have an increased risk (compared to normal oesophagus cells) of turning cancerous in time and the risk is small.

About 1 or 2 people in 100 with Barrett's oesophagus develop cancer of the oesophagus at some stage in their life.

Causes

The main cause of Barrett's oesophagus is juices from the stomach 'splashing' up into the oesophagus. The juices (acid) may inflame the oesophagus and in some people will cause symptoms of pain and heartburn. This is often referred to as reflux oesophagitis.

Certain factors can make people more likely to have reflux, and these include being overweight, smoking and excessive alcohol consumption. For some people spicy, acidic or fatty foods can cause reflux.

Reflux is often caused by a hiatus hernia. This is when a small part of the stomach is displaced and pokes through the sheet of muscle dividing the chest from the abdomen (called the diaphram).

It is thought that up to 1 in 100 people who have recurring acid reflux eventually develop Barrett's oesophagus. This risk may occur in people who have had severe acid reflux for many years.

However, some people who have had fairly mild symptoms of reflux 'on and off' for many years may also develop Barrett's oesophagus.

Signs and symptoms

Some people have no symptoms at all and the Barrett's oesophagus is discovered during tests for other medical conditions.

The most common symptom is ongoing heartburn and indigestion. Other symptoms include feelings of sickness, being sick and difficulty swallowing.

Less commonly, there may be blood in the vomit or stools (bowel motions). Some people have pain on swallowing.

How is Barrett's oesophagus diagnosed?

Your GP may examine you and may refer you to a hospital for a procedure known as an Endoscopy (Gastroscopy) to examine the lining of the oesophagus.

The Gastroscopy may be carried out by a doctor or specialist nurse, and enables the oesophagus to be examined using a thin flexible tube called an endoscope.

The change in colour of the lining of the lower oesophagus from its normal pale white to a salmon-pink colour could suggest that Barrett's oesophagus has developed.

For confirmation of Barrett's, small samples of tissue are taken, which can be sent to a laboratory to be examined under a microscope. These are known as biopsies.

The cells are also examined to see if there are any further changes called 'dysplasia'. A dysplastic cell is an abnormal cell. It is not cancerous, but is more likely to develop into cancer than other cells. It is often called a 'pre-cancerous cell'.

Surveillance

Your doctor will discuss with you whether you need to have your condition checked at regular intervals.

This is known as surveillance and usually involves regular endoscopies and biopsies. If you are having a regular endoscopy and you notice any change or worsening of your symptoms between appointments, it is advised that you contact your GP or hospital specialist.

Medicine

Patients with Barrett's oesophagus need long-term daily treatment to prevent reflux and manage symptoms.

You may be given medicines know as proton pump inhibitors (PPI) to decrease the production of stomach acid. This will help to reduce any symptoms you may have.

Treatment

Apart from controlling reflux symptoms by using PPI as mentioned above, there is no treatment for simple Barrett's oesophagus.

However special treatment or surgery could be considered in patients who develop pre-cancerous cells (dysplasia) in Barrett's oesophagus. These treatments will be discussed in details with patient if needed.

It is also possible to reduce the symptoms by losing weight (if necessary), stopping smoking and drinking less alcohol. Eating small meals at regular intervals or avoiding foods which aggravate symptoms can also help to reduce reflux. Raising the head end of the bed may also help reduce reflux.

Surgery

Surgery is available to prevent further acid reflux, but is not usually necessary.

This is done by strengthening the valve at the lower end of the oesophagus. Nowadays it is done by keyhole surgery. You may need to stay in hospital for two to three days and will have several small cuts in the abdomen, which will heal over a few days.

Are there any alternatives?

Occasionally, it may be possible to strengthen the valve during an endoscopy.

An electrical current can be passed through the valve to cause scarring, which then tightens the valve. Alternatively, stitches can be placed in the valve or it can be injected with a substance that helps it to tighten.

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