



# BARRETT'S ESOPHAGUS

## WHAT IS BARRETT'S ESOPHAGUS?

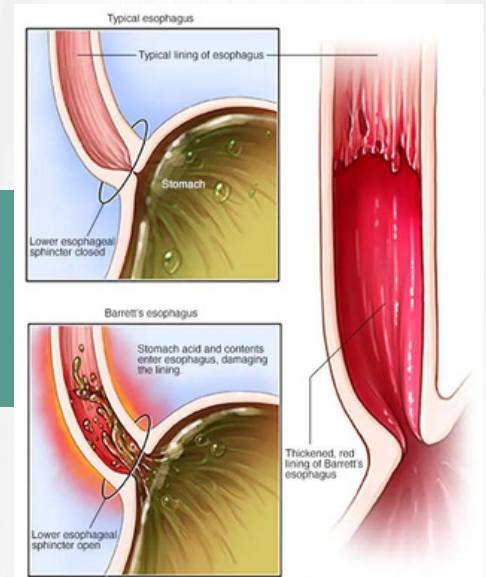
- A condition in which the flat pink lining of the esophagus (tube that allows food to pass from mouth to stomach) becomes damaged by acid reflux. This leads to thickening of the lining.
- Between the esophagus and stomach there is the lower esophageal sphincter (LES). This typically prevents regurgitation. Overtime the LES may begin to fail causing acid and chemical damage of the esophagus also known as gastroesophageal reflux disease (GERD).
- In some people GERD triggers the cells in the lining of the lower esophagus to change causing Barrett's esophagus.

## SYMPTOMS

- Frequent heartburn and regurgitation of stomach contents
- Difficulty swallowing (dysphagia)
- Less commonly, chest pain

## CAUSES

- Family history
- Males
- Caucasian Individuals
- Individuals 50 or older
- Chronic heartburn and acid reflux
- Smoking
- Obesity



## HOW ARE YOU DIAGNOSED?

### Upper endoscopy

- A tube with camera at the end is passed down your throat to check for signs of changing esophagus tissue
- Normal esophagus tissue appears pale and glossy
- In Barrett's the tissue appears red and velvety
- Tissue will be removed (biopsied) from your esophagus to determine the degree of cellular change

## DYSPLASIA

The degree of tissue change in your esophagus cells

Classifications:

- **No dysplasia** - Barrett's present but no precancerous changes are found in cells
- **Low-grade dysplasia** - cells show small signs of precancerous changes
- **High-grade dysplasia** - cells show many changes, though of as the final step before cells change into esophageal cancer

## TREATMENT - NO DYSPLASIA

- Periodic endoscopy to monitor the cells In your esophagus
  - If biopsies show no dysplasia you will have follow-up endoscopy In one year then every three to five years If no changes occur
- Treatment for GERD
  - Medication and lifestyle changes
  - surgery or endoscopy procedures to correct hiatal hernia or to tighten the lower esophageal sphincter that control the flow of stomach acid may be a option.

## TREATMENT: LOW-GRADE DYSPLASIA

- **Endoscopic resection** - endoscope used to remove damaged cells to aid in the detection of dysplasia and cancer.
- **Radiofrequency ablation** - heat used to remove abnormal esophagus tissue. Radiofrequency ablation may be recommended after endoscopic resection.
- A follow up endoscopy In 6 months then every 6-12 months

## TREATMENT: HIGH-GRADE DYSPLASIA

- Thought to be a precursor to esophageal cancer
- Endoscopic resection
- Radiofrequency ablation
- Surgery -- Involves removing the damaged part of your esophagus and attaching the remaining portion to your stomach

### LIFESTYLE & HOME REMEDIES

- Maintaining a healthy weight
- Eliminating foods and drinks that trigger your heartburn (chocolate, coffee, alcohol, mint)
- Stop smoking
- Raising the head of your bed at night

### COMPLICATIONS

- Increased risk of esophageal cancer. The risk Is small and fortunately most people with Barrett's will not develop esophageal cancer.
- With increased risk it's important to have regular checkups and screenings.