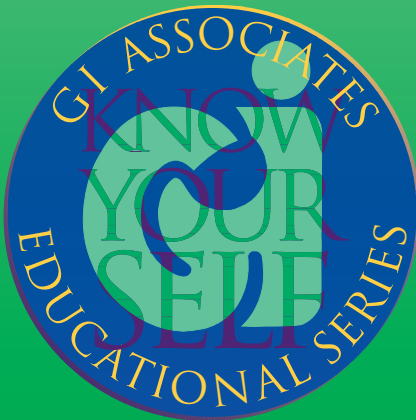


# Barrett's Esophagus



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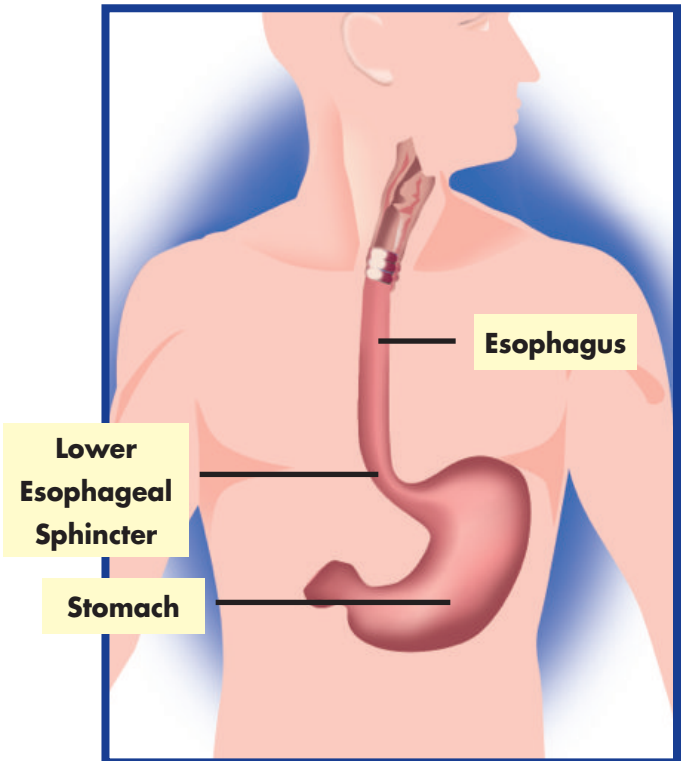


# Barrett's Esophagus

## What is it?

*Barrett's esophagus* happens when part of the tissue lining of the esophagus near the stomach has changed. Although such changes may occur for other reasons, the most common reason is chronic (over time) irritation from the reflux of strong stomach acid. Barrett's esophagus is not cancer, but it is known as a *pre-cancerous* condition that has the potential to become cancer, especially if it is not treated medically.

The following information will help you understand Barrett's, help you understand how it is diagnosed, and understand what you can do about it. Barrett's esophagus is a treatable condition that depends on you and your gastroenterologist working together to detect tissue changes early and to prevent further damage.

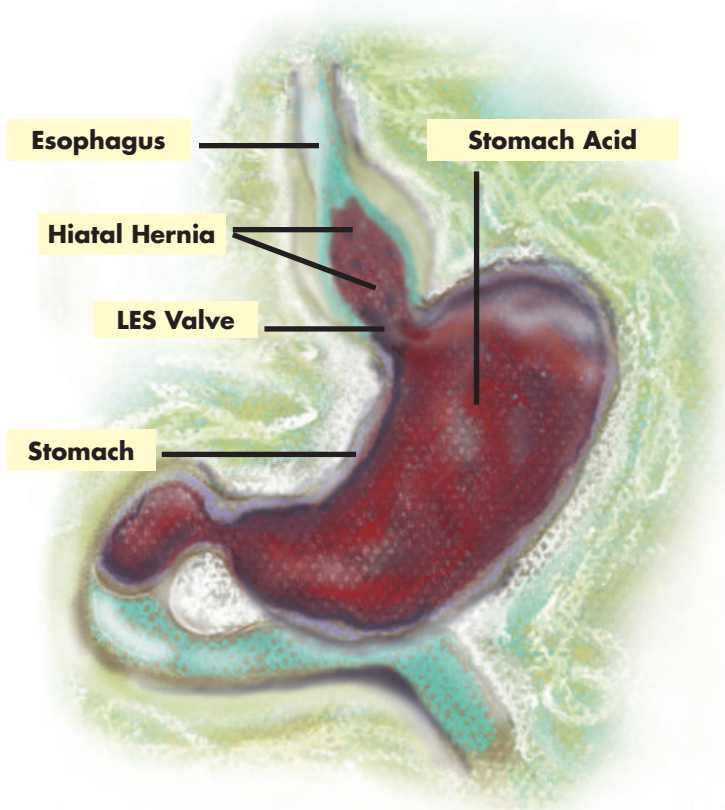


## How the esophagus works

The *esophagus* is simply the tube that leads from your mouth to your stomach. Although that sounds pretty simple, the esophagus is complex and very important to digestive health. The esophagus is a somewhat flexible, muscular tube that is lined with mucous membrane. When you eat or drink, the esophagus contracts and expands to move food downward, toward the stomach. At the end of the esophagus, where it connects with the stomach, there is a strong muscular valve, called the *lower esophageal sphincter (LES)* that lets food enter the stomach and then keeps stomach contents from going back up into the esophagus.

## How the esophagus becomes irritated

The stomach has a different sort of lining than the esophagus because of the strong acid that must be present in the stomach to break down and digest food.



If the LES valve does not function normally, the end result is that stomach acid may creep back up into the esophagus and irritate its more sensitive lining. This irritation is called *esophagitis*. When this happens, irritation, burning and pain may be felt. The most common names for that feeling are *acid indigestion* and *heartburn*. Almost everyone has this from time to time, from overeating or other causes. But, when it becomes a severe problem that occurs frequently or for a long period of time, it can cause harm. A “loose” LES may result in a hiatal hernia. This may increase the amount of GERD.

The medical term for stomach contents backing up into the esophagus and causing harm is *gastroesophageal reflux disease* or GERD. Long term GERD causes the cells lining the esophagus to change in response to irritation. That process is the most common cause of Barrett’s Esophagus.

**If the LES valve does not function normally, the end result is that stomach acid may creep back up into the esophagus and irritate its more sensitive lining.**

## How do the cells change?

Although much is still not known about what triggers cells to change, it is thought to occur because of chronic irritation. Such changes that occur with Barrett’s esophagus are usually found in the area of the esophagus just above the LES valve, but can extend into the middle and upper esophagus.

Those tissue changes can be a serious health threat, because they may lead to cancer of the lower esophagus, known as *adenocarcinoma*. In the U.S. population the number of such cancers is increasing. It occurs more frequently among men than women, and white men are especially at risk. In rare cases, Barrett’s esophagus is present at birth.

# What are the symptoms of Barrett's esophagus?

In some cases, there may be no symptoms and Barrett's esophagus may be suspected or found as a result of an examination for something else.

Symptoms of Barrett's esophagus are listed below. These symptoms often get worse just after eating, and they may be aggravated by bending over or lying down after a meal.

**Sour, burning liquid** backing up into your mouth

**Bloating**

**Excessive gas**

**Burping or belching** more than usual

**Food sticking, problems swallowing**

## How is Barrett's esophagus diagnosed?

Barrett's esophagus is best diagnosed with *endoscopy*. Why endoscopy? It is simply the best, most advanced tool that your gastroenterologist can use! It gives the advantage of not only allowing the doctor to see the inside of the esophagus, but it also lets the doctor take samples of tissue to be microscopically examined for pre-cancerous changes.

## How is endoscopy done?

Your gastroenterologist will give you instructions that tell you more about the procedure. Generally, it is done on an outpatient basis. The examination itself involves inserting a small, flexible, lighted tube with a tiny camera into the mouth and down into the esophagus. The exam usually lasts about 15 minutes to an hour. Most patients are given something to help them relax and most experience no discomfort or side effects.



## What is the treatment for Barrett's esophagus?

Once the changes of Barrett's esophagus have taken place, there is no proven way to reverse the changes. Treatment of the problem focuses on preventing further damage and slowing down the progress of the disease.



To reduce stomach acid backup into the esophagus and to help the LES function normally, the following may be recommended:

## Medication\*

- Acid reducing drugs: For example, *Prilosec, Prevacid, Aciphex, Pepcid, Zantac, Axid and Tagamet.*
- LES strengthening drugs such as *Reglan*

*\*Make sure to tell your gastroenterologist about any prescription or over-the-counter drugs that you take, because some of them may make the problem worse.*

## Lifestyle Changes

- Lose weight, if needed
- Eat smaller, more frequent meals rather than large ones
- Avoid bending over after meals
- Avoid wearing tight clothes around the waist
- Elevate the head of your bed 6 to 8 inches, so gravity can help keep stomach acid down.
- Avoid using any tobacco products

## Diet

Foods to avoid:

- Fatty foods
- Carbonated drinks
- Alcohol
- Citrus fruits and juices (oranges, grapefruit, lemon, lime, etc.)
- Tomatoes and tomato products
- Spearmint and peppermint
- Pepper and hot, spicy foods
- Chocolate
- Coffee, tea and other drinks with caffeine

And, avoid any foods that seem to make your symptoms worse!

**Ask for the GI Associates Educational Brochure about GERD for more information about treating the symptoms of GERD.**

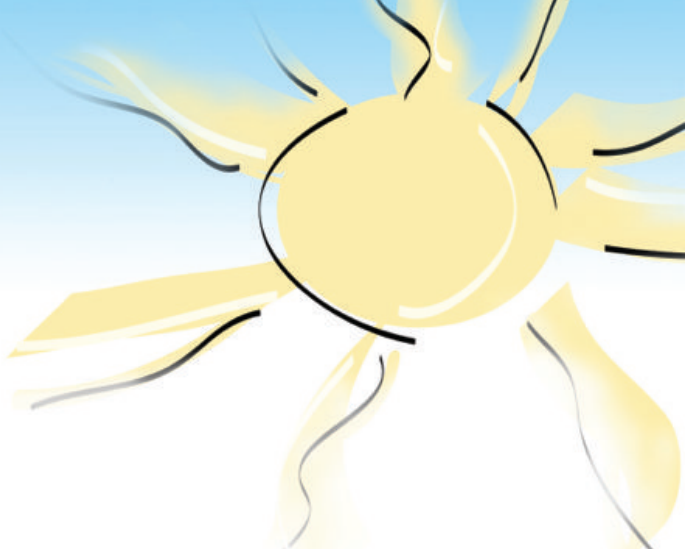
## **Surgery**

Sometimes, surgery may be recommended to strengthen the LES, if other treatments do not help. And, if cancer is found, surgery may be recommended to remove cancerous tissue. New treatments are developing and your doctor will recommend the procedure that is best suited to you and your particular physical needs.



## **Follow-up**

Perhaps the most important part of the treatment for Barrett's esophagus is regular medical care. Your gastroenterologist will recommend regular endoscopic evaluations every one to two years to make sure that your condition is not growing worse. If changes continue to damage your esophagus, regular care means that the changes will be noticed sooner, leading to a better treatment outcome.



## Summary...

Although Barrett's esophagus can mean a serious threat to your health, working in partnership with your gastroenterologist, a treatment plan can be developed that will help keep your symptoms as minor as possible and will slow down or stop further damage to your esophagus.



