

What Is The Treatment?

- Surveillance endoscopy with biopsy at intervals set by your physician.
- Frequency of endoscopy will be determined by grade of Barrett's esophagus.
- Most patients are prescribed proton pump inhibitors to help reduce acid exposure.

Radio-frequency ablation

- A procedure used to remove diseased esophageal tissue.
 - Small catheter is inserted through an endoscope to deliver heat energy which removes abnormal tissue and allows healthy tissue to regenerate.
 - While all patients with Barrett's esophagus are eligible for the procedure, it is generally reserved for Barrett's with dysplasia.
- With more advanced Barrett's esophagus, endoscopic removal or surgical removal of damaged section of esophagus may be necessary.

Learn More About Barrett's Esophagus

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Lifestyle Modifications

Treating gastroesophageal reflux does not cause Barrett's to reverse. Treatment is aimed at both the reflux as well as monitoring or treating the abnormal esophageal lining.

- ✓ **Stop smoking**
- ✓ **Reduction or cessation of alcohol consumption**
- ✓ **Reduction or cessation of caffeinated beverages**
- ✓ **Dietary modifications (fatty foods, spicy foods, chocolate, citrus, tomato, peppermint)**
- ✓ **Weight reduction if overweight**
- ✓ **Elevation of the head of the bed**
- ✓ **Remain upright for three hours after meals**

Medication Management

The below medications reduce acid exposure in the esophagus, but there is no evidence that they will prevent progression of Barrett's.

- **Antacids** - Intermittent use for mild symptoms.
- **H2 Blockers** - For intermittent use or maintenance therapy. Decreases the production of stomach acid.
- **Proton Pump Inhibitors** - For maintenance therapy. Works by stopping acid secretion at the source of acid production—the proton pump.

Barrett's Esophagus



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What Is Barrett's Esophagus?

- Barrett's esophagus refers to a change in the lining of the lower esophagus - the tube connecting the mouth to the stomach.
- Changes in the esophageal lining are mainly caused by chronic exposure to acid.
- Over time a change called **intestinal metaplasia** can occur. The cells of the esophageal lining change to resemble the lining of the stomach and small intestine.
- Once these cells (intestinal metaplasia) are found in the esophagus, the diagnosis of Barrett's esophagus is made.
- Barrett's esophagus is considered a precancerous condition because if the esophageal lining continues to change, esophageal cancer can develop.
- While the risk of Barrett's esophagus progressing to esophageal cancer is low, the incidence of this particular cancer is rapidly rising in the United States.

Barrett's FACTS

1 in 10 people with gastroesophageal reflux disease will develop Barrett's esophagus.

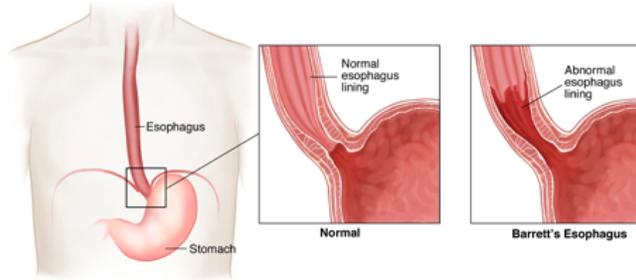
Approximately two million Americans have Barrett's esophagus.

Incidence of Barrett's esophagus is higher in men than women.

Incidence is highest in caucasian men with average age at diagnosis 55 years.

Risk Factors

- **Gastrointestinal Reflux Disease (GERD)**
- **Age > 50**
- **Male**
- **Caucasian**
- **Obesity**
- **Smoking**



What Are The Symptoms?

- There are no symptoms specific to Barrett's esophagus. Symptoms that arise are secondary to Gastroesophageal Reflux (GERD).

- 🔥 **Heartburn (burning sensation in the upper and central chest)**
- 🔥 **Hoarseness or sore throat**
- 🔥 **Bitter or acid taste in the mouth**
- 🔥 **Chest pain**
- 🔥 **Difficulty swallowing**
- 🔥 **Nausea**

- Some patients with Barrett's esophagus actually have a reduction in symptoms from acid reflux. The abnormal cells in the esophagus resemble that of the stomach and intestines and are more accustomed to contact with acid.

How Is Barrett's Diagnosed?

Endoscopy: A small flexible tube with light is used to allow direct visualization of the esophageal lining. Sedation is used and tissue biopsies are taken.

- A finding of **intestinal metaplasia** confirms diagnosis of Barrett's.
- **Dysplasia** is a term used to define the presence of precancerous cells.

There are different grades of Barrett's esophagus based on biopsy results.

1. **Intestinal metaplasia without dysplasia.**
2. **Intestinal metaplasia with low-grade dysplasia.**
3. **Intestinal metaplasia with high-grade dysplasia.**

While the presence of dysplasia does not indicate cancer, it may increase the risk of developing esophageal cancer.

What Is The Significance?

- Barrett's esophagus increases the risk for development of esophageal cancer.
- All grades of Barrett's esophagus are at risk, but particularly low and high grade dysplasia.
- Barrett's esophagus without dysplasia is associated with a 1 in 200 person per year risk of developing esophageal cancer.
- Barrett's esophagus with high grade dysplasia may be associated with a 1 in 10 person per year risk of developing esophageal cancer.