



Barrett's oesophagus

This leaflet will try to answer some of the questions you may have about Barrett's oesophagus. Please do not hesitate to ask if there is anything further you would like to know.

What is Barrett's oesophagus?

The oesophagus (gullet) is the tube which carries food and fluids from the mouth to the stomach. This tube is lined with a certain type of cells. In the 1950's a surgeon called Norman Barrett first identified that in some patients these cells had changed in structure and appearance to resemble cells similar to those which line the stomach. Barrett's oesophagus (often just called 'Barrett's') is the name given to this condition which affects the lining of the lower section of the oesophagus.



- The left hand image shows the area which is affected.
- The centre image shows normal oesophageal lining.
- The right hand image demonstrates the appearance of Barrett's oesophagus.

What causes Barrett's oesophagus?

Barrett's oesophagus is caused by the back flow (reflux) of digestive juices from the stomach, and sometimes the small bowel, into the gullet. This occurs when there is a weakening of the muscular valve at the lower end of the oesophagus. This valve normally keeps stomach contents within the stomach but when it is weak it allows these juices to flow back.

The lining of the oesophagus is vulnerable to these juices as it has a different protective coating to the stomach. The presence of stomach juices can cause inflammation and pain, and can damage the oesophageal lining (oesophagitis).

Usually, the lining of the gullet will heal with time and appropriate treatment. However, occasionally it heals in a different way and the cells change in structure to become more like those found in the stomach. These cells are vulnerable to further changes, called dysplasia, which have the potential to lead to cancer.

What are the symptoms?

Occasionally, people have no symptoms at all and the condition is picked up by chance. Most people, however, will have had symptoms of heartburn (a burning pain in the gullet, usually following a meal or when bending or lying down). Additional symptoms may include hoarseness, recurrent cough, chest pain and even a bitter tasting fluid in the mouth.

It is important to be aware that the presence of these symptoms does not necessarily mean you have Barrett's oesophagus.

How is it diagnosed?

Barrett's is diagnosed by means of an endoscopy (gastroscopy), which is when a narrow, flexible camera tube is passed through the mouth into the oesophagus. The appearance of the lining is assessed and samples of tissue (biopsies) are taken in order to be examined under a microscope. If the tissue samples demonstrate the presence of these different stomach type cells, then a diagnosis of Barrett's oesophagus will be made. This process of examining the tissue will also highlight any possible complications (dysplasia) which may be developing.

What is the treatment for Barrett's oesophagus?

Lifestyle changes

- Lose weight, if necessary.
- If you smoke, try to stop.
- Avoid eating late in the evening.
- Avoid tight clothing and bending.

Medication

You may be prescribed medicine which aims to suppress the production of acid, therefore, reducing the amount of acid available to reflux into the gullet.

This will not cure the condition itself but aims to reduce the potential of further damage caused by acid.

Monitoring

You will be called for an endoscopy at regular intervals. Tissue samples will be taken and analysed. If there are no further changes, you will be recalled in the future as per current guidelines.

If the tissue samples demonstrate further changes your consultant will be in touch with you to discuss your options on future management.

Selected patients may benefit from direct treatment to the area, such as heat therapy (ablation) or removal of part of the lining of the oesophagus (mucosal resection), performed through an endoscope. Your consultant will advise you on this.

Surgery

Your consultant will discuss this with you if he feels this would be an appropriate course of action. Surgery can be performed to strengthen the valve at the lower end of the oesophagus, thus preventing reflux from occurring.

Will having Barrett's lead to cancer of the oesophagus?

In a very small number of patients the cell changes may develop into cancer. This is why regular screening by means of an endoscopy is strongly advised, although it is important to note that this does not give a 100% pick up rate for dysplasia and cancer. The screening will look for cells that begin to show abnormal changes developing, a condition called dysplasia. Dysplasia can vary from a low grade to a high grade, which is more serious.

Regular monitoring means treatment can be provided before the dysplasia looks serious enough to develop into cancer. In patients with changes of dysplasia diagnosed before cancer develops, the condition is curable. It is only when cancer develops and the diagnosis is late that the prognosis is not as good.

Glossary of terms

Oesophagus: the muscular tube which extends from the throat to the stomach, also known as the gullet.

Reflux: the backflow of stomach contents into the oesophagus.

Oesophagitis: inflammation of the lining of the oesophagus caused by increased exposure to digestive juices.

Dysplasia: the changes that the cells undergo, varying from low grade to high grade prior to developing into cancer.

Useful contacts

Barrett's UK

Tel: 07771 567009

www.barretts.org.uk

Email: support@Barretts.org.uk

Facebook Group: BarrettsEsophagusAwareness

Guts UK

3 St Andrews Place, London NW1 4LB

Tel: 020 7486 0341

<https://gutscharity.org.uk/advice-and-information/conditions/barretts-oesophagus/>

For advice on giving up smoking contact Smokefree NHS

www.nhs.uk/smokefree, or

Smokefreelife Berkshire 0800 622 6360

www.smokefreelifeberkshire.com

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Endoscopy Department, June 2025

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