

Barrett's Oesophagus: Diagnosis and Management

What is Barrett's Oesophagus?

Barrett's Oesophagus is a condition where the normal lining of the oesophagus (food pipe) changes to resemble the lining of the intestine. This change is typically a defensive response to long-term exposure to stomach acid.

Why does Barrett's Oesophagus develop?

The most common cause is chronic Gastro-Oesophageal Reflux Disease (GORD). When stomach acid and digestive juices frequently reflux into the oesophagus, they can cause inflammation and damage. In some individuals, the body attempts to protect itself by replacing the sensitive oesophageal cells with more acid-resistant "columnar" cells.

Who is at risk of developing Barrett's oesophagus?

Statistical data shows that certain groups are more predisposed to the condition:

- Age: It is most common in adults over the age of 50.
- Gender: Men are statistically three to four times more likely to develop Barrett's Oesophagus than women.
- Ethnicity: It is more prevalent in Caucasian populations.
- Obesity: Being overweight, especially when carrying excess weight around belly increases risk
- Smoking: Current and former smokers have heightened risk

Is Barrett's Oesophagus Serious?

While the changed cells themselves are not cancerous, they do carry a small increased risk of developing into oesophageal cancer over time.

- The Reality of Risk: The vast majority of patients with Barrett's Oesophagus (more than 95%) will never develop cancer.
- The Goal of Care: At Canterbury Endoscopy & Gastroenterology, our focus is on proactive detection and cancer prevention. Through regular surveillance gastroscopy, we can identify early pre-cancerous changes (dysplasia). When caught at this stage, these changes can often be treated endoscopically, preventing them from developing into a more serious condition.

Can Barrett's Oesophagus be reversed?

The cellular changes of Barrett's Oesophagus are generally considered permanent. Medications such as Proton pump inhibitors (PPIs) such as Omeprazole or Pantoprazole,

reduces gastric acidity which reduces heartburn and risk of further damage, but does not cause reversal of Barrett's oesophagus.

Certain medical procedures such as ablation, or resection can reverse Barrett's oesophagus. These procedures are generally performed when cells start showing concerning changes of 'dysplasia'.

How do you manage Barrett's Oesophagus?

Because Barrett's Oesophagus often has no symptoms of its own, management focuses on controlling acid reflux and regular monitoring.

- **Acid Suppression:** Most patients are prescribed Proton Pump Inhibitors (PPIs), such as Omeprazole or Pantoprazole. These reduce the acidity of the stomach juices, preventing further injury to the oesophageal lining.
- **Endoscopic Surveillance:** Regular "check-up" gastrosopies are the gold standard for care. During these procedures, we undertake detailed assessment and tiny tissue samples (biopsies) to look for cell changes.
- **Lifestyle Adjustments:** Maintaining a healthy weight, smoking cessation, and avoiding large meals before bedtime significantly reduce reflux pressure.

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