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Barrett's oesophagus

What is Barrett's oesophagus?

Barrett's oesophagus is a condition in which the cells lining the oesophagus (the tube that links the mouth and the stomach) have changed into a type that is abnormal. Approximately 1-2 per cent of the population may develop Barrett's oesophagus during their lifetime, and it is especially common in patients with chronic heartburn. It is thought to be related to damage to the lining of the oesophagus from chronic reflux and increases the risk of long-term problems, including developing oesophageal cancer. Barrett's oesophagus is named after the Australian-born doctor who first described the condition.

What causes Barrett's oesophagus?

We do not know what exactly causes someone to get Barrett's oesophagus. Several things doctors have found increase the chances:

1. GORD (reflux) – 5-10% of people with chronic GORD
2. Sex - Men (especially Caucasian) develop this condition twice as often as women
3. Older age - average age at diagnosis is 55.
4. Obesity - mainly central obesity, increases your chance.
5. Smoking.
6. Genetics may play a role. Patients with a family history have a higher risk of developing Barrett's oesophagus themselves.

What are the symptoms of Barrett's oesophagus?

Barrett's oesophagus usually does not cause any symptoms, however most patients have a history of chronic heartburn or reflux. Occasionally patients may present with difficulty swallowing, due to complications associated with the development of Barrett's oesophagus.

How is Barrett's oesophagus diagnosed?

Barrett's oesophagus is most commonly diagnosed with a Gastroscopy procedure. This is a procedure in which a flexible tube with a video camera at the tip is passed through the mouth into the oesophagus, stomach and first part of the small bowel to inspect these areas more closely. A small sample of tissue is taken from the lining of the oesophagus and examined under a microscope to confirm the diagnosis of Barrett's oesophagus. Gastroscopy procedures usually take around 5-10 minutes and are most commonly performed under sedation as a day-only procedure.

Is there anything I can do to try and prevent Barrett's oesophagus?

If you are worried that you may have Barrett's oesophagus then you should speak to your GP or gastroenterologist. Patients with chronic heartburn or regurgitation may require medication to prevent complications from reflux such as Barrett's oesophagus from developing. Smoking cessation and maintaining a normal body weight are also recommended.

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Can Barrett's oesophagus develop into any other serious health concerns?

Barrett's oesophagus is associated with an increased risk of developing oesophageal cancer. Over time, the abnormal oesophageal lining can develop early precancerous changes. The precancerous changes may eventually progress to oesophageal cancer. If undetected, this cancer can spread and invade surrounding tissues. Progression to cancer is uncommon for any individual patient. Less than 1 patient in every 200 patients with Barrett's oesophagus will develop oesophageal cancer each year.

Furthermore, patients with Barrett's oesophagus appear to live approximately as long as people who are free of this condition. Patients often die of other causes before Barrett's oesophagus progresses to cancer.

What treatments are available?

Patients with gastroesophageal reflux and Barrett's oesophagus should ensure that their reflux is well controlled. Most patients are advised to avoid certain foods and behaviours that increase the risk of reflux. Foods that can worsen reflux include: chocolate, coffee, tea, peppermint, alcohol and fatty foods. Lifestyle factors that can worsen reflux include eating meals just before going to bed, lying down soon after eating meals, and eating large meals.

Patients with chronic gastroesophageal reflux may also require medication or surgery to control their reflux symptoms. There does not appear to be any benefit of surgery over medication for reflux in terms of preventing the development of Barrett's oesophagus or oesophageal cancer.

Patients who develop Barrett's oesophagus should be considered for surveillance programs to detect any possible progression of their Barrett's. Most commonly this is performed by undergoing a Gastroscopy procedure every 3-5 years.

If early precancerous changes (dysplasia) are detected in the oesophagus then patients may be considered for more aggressive treatments that can involve shaving off or burning away the precancerous cells in the lining of the oesophagus during a Gastroscopy procedure. These procedures are available only in specialized endoscopy centres, and are highly effective in eradicating the precancerous changes (dysplasia) and Barrett's oesophagus. These treatments have also been shown to reduce the risk of progression to cancer in clinical studies.

Patients are encouraged to discuss the management of Barrett's oesophagus with their GP and gastroenterologist, and request a referral to a specialized Barrett's oesophagus endoscopy service if they develop early precancerous changes (dysplasia).

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