

Title: Barrett's Esophagus: A Patient Guide

Author: Hilary Reich

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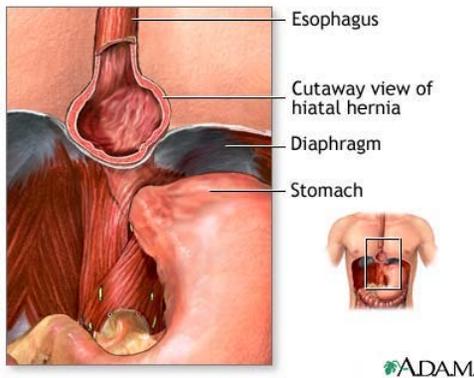
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Abstract: Barrett's esophagus (BE), a condition that can result from chronic gastroesophageal reflux disease, is a pre-cancerous condition that may lead to esophageal cancer. This patient education tool introduces patients to BE, alerts them to symptoms and risk factors, discusses diagnosis through endoscopy and biopsy, and presents basic treatment options.

This document was created by a medical student enrolled in the Primary Care Clerkship at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up to date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.

GERD and Barrett's Esophagus

Gastroesophageal reflux disease (GERD) is a condition in which acids from the stomach flow back up into the esophagus (an action called *reflux*). Barrett's esophagus (BE) is a precancerous condition caused by very severe GERD.



Symptoms

The symptoms of GERD that may predispose you to BE are:

Heartburn: a burning sensation in the chest and throat.

Regurgitation: a sensation of acid backed up in the esophagus.

Chronic Cough

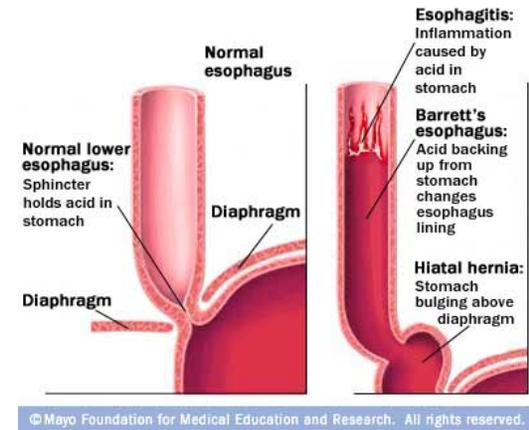
Am I at Risk?

Factors that may increase your risk of GERD and BE include:

- Bedtime eating or reclining after a heavy meal
- Pregnancy
- Obesity
- Smoking
- Alcohol use
- Hormone replacement therapy
- Respiratory diseases like asthma or COPD

What Changes Occur in Barrett's Esophagus?

BE leads to abnormal changes in the cells of the esophagus, which puts a patient at risk for esophageal cancer. About 10% of patients with the symptoms of GERD have BE. While obesity, alcohol use, and smoking have all been implicated as risk factors for Barrett's esophagus, their role remains unclear. Only the persistence of GERD symptoms indicates a higher risk for BE.



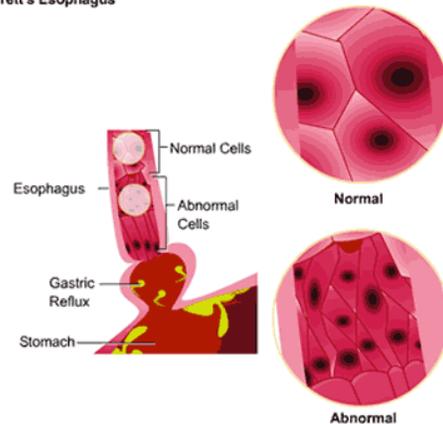
Barrett's Esophagus and Esophageal Cancer

The incidence of esophageal cancer is higher in patients with Barrett's esophagus. Most cases of esophageal cancer start with BE, and symptoms are present in less than half of these cases. Still, only a minority of BE patients develop cancer. When BE patients develop abnormalities of the mucus membrane cells lining the esophagus, the risk of cancer rises significantly.

My Doctor thinks I have BE, now what?

Upper endoscopy, a common procedure, allows a doctor to use a camera to look at the surface of the esophagus for any abnormalities and take a biopsy (removal and microscopic evaluation of small tissue sections) to evaluate for BE.

Barrett's Esophagus



Treatments for Barrett's Esophagus

Medications. If a patient is diagnosed with Barrett's esophagus, the doctor will prescribe proton pump inhibitors (PPIs) to suppress acid production in the stomach. Using these medications may help slow the progression of abnormal changes in the esophagus.

Surgery. Surgical treatment of Barrett's esophagus may be considered when patients develop more severe changes to the cells lining the esophagus. Your doctor can tell you more about which surgical option is right for you.

For more information about GERD and Barrett's Esophagus, please see these excellent resources:

Mayo Clinic:

<http://www.mayoclinic.com/health/barretts-esophagus/hq00312>

National Digestive Diseases Information Clearinghouse:

<http://digestive.niddk.nih.gov/ddiseases/pubs/gerd/>

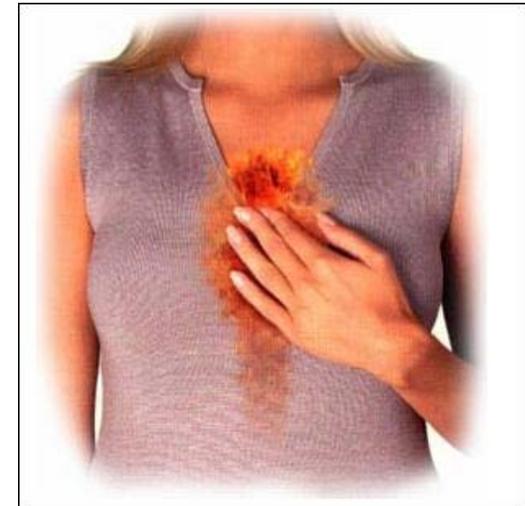
University of Minnesota Medical School

Hilary Reich

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