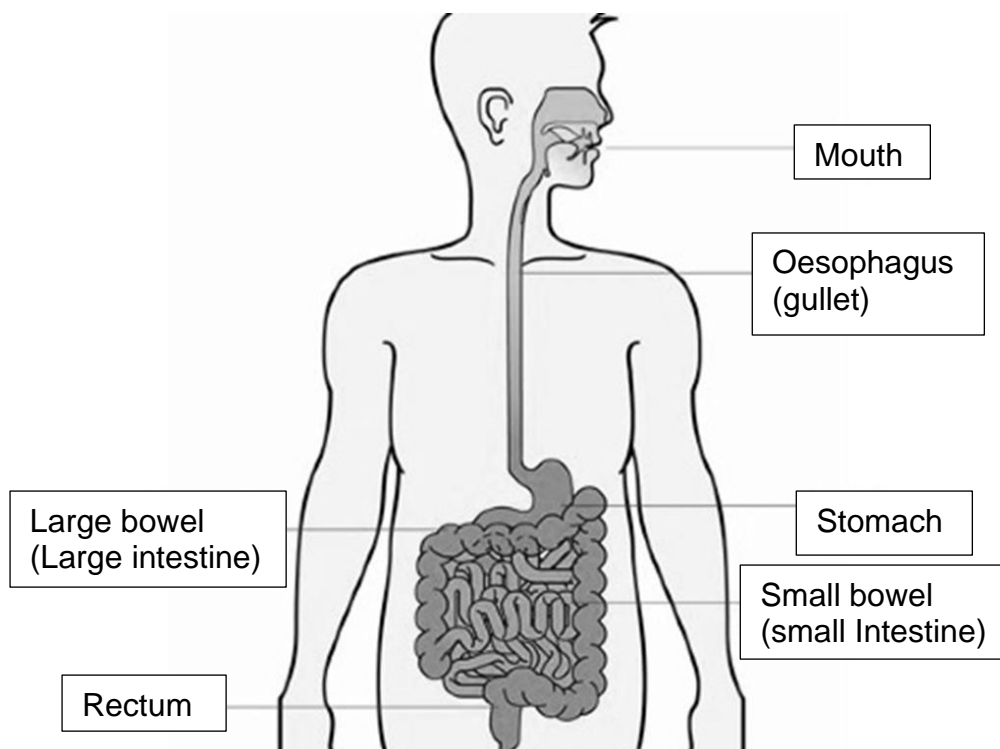


Patient information

Barrett's Oesophagus and Surveillance

Gastroenterology- Aintree Hospital

You have been diagnosed with Barrett's Oesophagus in your last endoscopy report. This leaflet should give you the opportunity to learn more about this. You will be discussing this with the Endoscopy Nurse prior to your discharge.



- What is Barrett's oesophagus?
- How is Barrett's diagnosed?
- Lifestyle Management of Barrett's oesophagus
- Alarming Symptom
- Surveillance
- Useful organisations

What is Barrett's oesophagus?

This is a pre-cancerous condition that affects the oesophagus, which is the tube that carries food from the mouth to the stomach (figure 1). When a person has Barrett's oesophagus, the normal cells in the lower part of their oesophagus are replaced by a different type of cells.

Barrett's oesophagus is usually caused by acid reflux. Acid reflux is when the acid that is normally in the stomach backs up into the oesophagus. Many people with acid reflux never get Barrett's oesophagus, but some do.

How is Barrett's Oesophagus Diagnosed?

Your GP will examine you and may refer you to the hospital to the Endoscopy Department for a procedure called a gastroscopy. This is a procedure to examine the lining of your oesophagus. Often we obtain small tissue samples from your food – pipe using some tiny forceps that go inside one of the channels of the gastroscope.

The histology results help us confirm the diagnosis and examine for any microscopic pathology that is not visible endoscopically.

Lifestyle Management of Barrett's Oesophagus

The first priority in managing Barrett's oesophagus is to stop the damage to the oesophageal lining, which usually means ensuring low levels of acid reflux. Most patients are advised to avoid certain foods and behaviours that increase the risk of reflux. Foods that can worsen reflux include:

- Chocolate
- Coffee and tea
- Peppermint
- Alcohol
- Fatty foods

Acidic juices such as orange or tomato juice may also worsen symptoms. Carbonated beverages can be a problem for some people.

Behaviours that can worsen reflux include eating meals just before going to bed, lying down soon after eating meals, and eating very large meals. Placing bricks or blocks under the head of the bed (to raise it by about six inches) can help to keep acid in the stomach while sleeping. It is not helpful to use additional pillows under the head.

Medications that reduce the amount of acid produced by the stomach. A class of medications called proton pump inhibitors (PPI) is commonly recommended. Six different formulations (some of which are available as a generic) are currently available: omeprazole (Prilosec), esomeprazole (Nexium), lansoprazole (Prevacid), rabeprazole (Aciphex) and pantoprazole (Protonix); any of these is an acceptable option. Please continue taking them long-term, daily.

Surgery can be considered to reduce reflux. Surgery is not the best treatment in all situations, so you should discuss this option with your doctor and the Upper GI surgical Consultants to discuss the risks and benefits of this.

Therapeutic Gastroscopy can be offered if there are consecutive findings of dysplastic (abnormal) changes in the oesophageal cells. These include terminologies like low-grade or high-grade dysplasia. If that's required, you will have the opportunity to discuss in depth with a Consultant Gastroenterologist.

Alarming Symptoms to look out for

Should you develop any severe symptoms prior to your scheduled surveillance gastroscopy, please escalate your concerns to your GP to review your medications and perhaps consider expediting a referral for an endoscopy.

Symptoms to look out for include:

- Dysphagia (swallowing difficulties)
- Severe heartburn
- Vomiting
- Weight loss with loss of appetite

Surveillance

Barrett's Oesophagus is a condition that is known to be pre-cancerous, and the intention of the surveillance gastroscopy is to identify changes before they develop into symptoms. Most patients having Barrett's Oesophagus do not develop cancer.

Surveillance is usually decided based on the histology results following your endoscopy following the National British Society of Gastroenterology Guidelines. This is usually between three – five years. If over the years, we do not see any changes in your oesophageal cells and we determine this is low risk- Barrett's, surveillance may not be necessary.

The histology results will determine the surveillance interval time between your camera tests. You will be contacted by the Barrett's Specialist Nurse either by telephone or via Letter to advise you on the next course of action, once the histology results are available.

Before your next surveillance Gastroscopy, you will be notified with a link to an Online Healthcare Questionnaire to monitor any changes in your past medical history over the years, therefore it is crucial that you keep the hospital notified with your up to date mobile phone number. This information is reviewed by our Clinical Specialist Nurses. If we need additional information because of changes in your health we will contact you. Once the information has been reviewed you will be invited to attend your gastroscopy.

Prior to your surveillance Gastroscopy, you should continue to take your PPI up until the day of your procedure without stopping this medication.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Where to go for further information

If you feel that you need to speak to a specialist, please contact the Endoscopy Department on telephone: 0151 529 0385.

Useful organisations

It's often difficult to find information and support when you're diagnosed with a condition such as Barrett's oesophagus.

You may have concerns about which is the right treatment for you. It is important to discuss these concerns with your doctors and nurses. You may also find the organisations listed below helpful.

Barrett's Oesophagus Campaign

Barrett's Oesophagus Campaign promotes research into Barrett's oesophagus. Its website has useful information, including leaflets you can download.

Website:

Barrett's Oesophagus Campaign - Macmillan Cancer - Macmillan Cancer Support

GUTS

GUTS provides information on any aspect of digestive problems.

Website:

Barrett's Oesophagus - Guts UK (gutscharity.org.uk)

Oesophageal Patients Association

Oesophageal Patients Association gives support and information to people affected by oesophageal cancer.

Website:

<http://www.opa.org.uk/>

NICE

National Institute for Health and Care Excellence (NICE).

Website

<https://www.nice.org.uk/guidance/cg106/ifp/chapter/Barretts-oesophagus>

Further information

**Aintree University Hospital
Liverpool University Hospital NHS Foundation Trust
Elective Care Centre 3rd Floor
Lower Lane
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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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