

# **MANAGING YOUR BARRETT ESOPHAGUS**

## **What Is Barrett Esophagus?**

Barrett esophagus is condition in which cells lining the esophagus are abnormal. The esophagus is a long muscular tube that moves food down from the mouth to the stomach. At its lower end is a small band of muscle (sphincter) that prevents stomach acid from moving back up into the esophagus (reflux). Cells called squamous (flat) cells normally line the esophagus. In Barrett esophagus, these cells become another type, called columnar (cells that look like columns). About 5% to 10% of people with this disorder develop cancer of the esophagus.

## **What Causes Barrett Esophagus?**

The cause is unknown, but it is thought to start from chronic acid reflux disease. It can occur in 10% to 15% of people with acid reflux. It is not hereditary and is not spread from person to person.

## **What Are the Symptoms of Barrett Esophagus?**

Most symptoms are similar to those in people with acid reflux or acid indigestion. Heartburn is characteristic and usually occurs at night, often waking people from sleep.

Other symptoms include chest pain, difficulty swallowing, food getting stuck or having to vomit food, shortness of breath, wheezing, laryngitis, and hoarseness.

## **How Is Barrett Esophagus Diagnosed?**

The doctor usually diagnoses the disorder by using endoscopy (placing a lighted tube into the mouth and down into the esophagus). The doctor examines the esophagus and can take samples

of any possible problem areas (by a biopsy, or removing a small piece of tissue for study under a microscope).

### **How Is Barrett Esophagus Treated?**

The goal is to prevent acid from refluxing into the esophagus. This protects the esophageal lining and may prevent development of Barrett esophagus. Drugs can limit the amount of acid reaching the lining. These drugs including antacids, H<sub>2</sub>-antagonists (e.g., ranitidine, famotidine), proton pump inhibitors (e.g., omeprazole, lansoprazole), and medicines that improve gastrointestinal motion (e.g., metoclopramide). Proton pump inhibitors are most effective and preferred.

The major complication is development of esophageal cancer, but the health care provider can monitor the esophagus by frequent endoscopy to check for cancer. Other complications include bleeding from ulcers and narrowing (stricture) of the esophagus.

### **DOs and DON'Ts in Managing Barrett Esophagus**

- ✓ **DO** remember that the only way to diagnose the disorder is by tissue biopsy via endoscopy. A gastroenterologist (a specialist who treats diseases of the stomach and bowel) will do this.
- ✓ **DO** remember that acid reflux tends to occur more frequently at night when you lie flat. Elevating the head of the bed will help.
- ✓ **DO** lose weight.
- ✓ **DO** make lifestyle changes and take medicines to lower your risk of getting Barrett esophagus.

- ✓ **DO** call your health care provider if you have heartburn that medicine doesn't help, food gets stuck in your throat and you throw up, or you have trouble swallowing and lose weight.
- ✓ **DO** call your health care provider if you vomit blood.
- ⊗ **DON'T** drink. Alcohol increases acid reflux.
- ⊗ **DON'T** eat large meals before going to bed.
- ⊗ **DON'T** drink coffee or eat chocolate and fats; they can increase acid reflux. Calcium channel blockers, used for high blood pressure, can also trigger reflux.

FROM THE DESK OF

NOTES

FOR MORE INFORMATION

Contact the following sources:

- American College of Gastroenterology: Tel: (703) 820-7400; Website:  
<http://www.acg.gi.org>

- Gastro-Intestinal Research Foundation: Tel: (312) 332-1350; Website:  
<http://www.girf.org>

Copyright © 2021 by Elsevier, Inc.