



Barrett's
Oesophagus
Campaign

What is Barrett's Oesophagus?

2014

Do you suffer from heartburn? It could be more serious than you think.

Why not have it checked out for peace of mind?

It's quite simple to find out and delays could lead to cancer.

What is Barrett's Oesophagus?

Barrett's Oesophagus – often known just as Barrett's (because it was discovered by a doctor called Barrett!) – is a condition that affects some people who have severe heartburn, or reflux of acid and bile, for a long time.

The oesophagus is lined with tissue similar to skin, which if exposed to acid and bile from the stomach naturally becomes inflamed. If this happens over many years, these cells may start to change. This is the called Barrett's Oesophagus.

One in 10 people in the UK with a history of heartburn are estimated to have Barrett's Oesophagus. In a very few people the "Barrett's oesophagus" may develop into cancer. Before cancer occurs cells develop a milder condition known as "dysplasia", which is easy to treat. That is why people with Barrett's Oesophagus are urged to have regular check-ups

What you should know about heartburn and Barrett's Oesophagus

Most people have experienced heartburn occasionally. You will probably know what has triggered it – perhaps a rich meal eaten late in the evening. Usually it can be quickly relieved by over-the-counter medicines or by taking various steps yourself.

However, people who have persistent heartburn should not ignore it. Sometimes it can lead to more serious complications.

This leaflet gives more information on what you can do to avoid heartburn attacks or lessen them, and when to consult your doctor if you have frequent and persistent attacks which might lead to Barrett's Oesophagus.

What is heartburn?

Heartburn is a burning sensation behind the breast bone and is due to acid and/or bile reflux.

This occurs when the muscles at the lower end of your oesophagus, sometimes called your gullet or food pipe, become weak and allow digestive juices from your stomach and small bowel to flow back up.

This causes the typical feeling of a burning pain in your chest which may rise up and spread to your throat and jaw.

You might have other symptoms such as:

- a sour taste in the back of your mouth.
- food coming back up into your mouth after eating (regurgitation).
- a hoarse voice.
- a cough that does not go away.

If you often have heartburn, you may find it useful to try to track the foods and drinks that trigger your attacks, so that you can avoid them. Avoid spicy foods, smoking and alcoholic drinks.

How to treat heartburn

If your heartburn is worse at night, try to leave at least two hours after you have eaten before you go to bed. Raise the head of your bed so

that you lie with your head higher than your stomach. You may need to lose weight, quit smoking or reduce alcohol and caffeine drinks.

Drugs

You can buy over-the-counter medicines in either liquid or tablet form that will relieve heartburn.

These work in several ways:

antacids (e.g. Rennie's or Tums)

These immediately neutralise the stomach acid.

alginates (e.g. Gaviscon and Gastrocote). These contain an ingredient which coats the lining of the stomach and oesophagus, preventing the acid from reaching the areas where it would cause pain.

H2 blockers e.g. Ranitidine (Zantac). These block the signals that create acid in the stomach.

PPIs e.g. Omeprazole 10mg (Losec). These reduce the amount of acid the stomach produces.

Persistent heartburn - don't ignore it

It's tempting not to take heartburn too seriously. Lots of people get it. You may think that it will go if you

were less stressed, or lost weight, or ate more regularly. But if you are often suffering heartburn attacks, and constantly have to take over-the-counter medicines to relieve them, you should talk to your doctor sooner rather than later.

If you have difficulty or pain when you swallow, weight loss or symptoms of anaemia (e.g. feeling tired all the time, feeling dizzy, faint, or generally looking unwell), you should consult your doctor straight away.

Your doctor may prescribe you acid-suppression tablets at a higher dose to stop acid being made before it can cause damage.

How is Barrett's Oesophagus diagnosed?

Barrett's Oesophagus is diagnosed by endoscopy. This involves a tiny camera on a thin tube being passed down your oesophagus so that the doctor can look at the lining. The doctor will also take a small sample of cells, called a biopsy, so they can be looked at under the microscope.

Regular check-ups

If you have been diagnosed with Barrett's Oesophagus you will be recommended to have regular

check-ups with an endoscopy and biopsy. How often you have these check-ups will depend on your particular case. Your doctors may want to see you several times a year, or may feel that every two or three years is sufficient. These checks will allow the doctors to monitor any changes in the cells of your oesophagus and alter your treatment if necessary. If dysplasia is found early, it can usually be cured before cancer develops.

The Barrett's Oesophagus Campaign produces a leaflet with more detailed information about the treatments available for this condition.



The facts:

In the UK:

400,000 to 1 million people are estimated to have Barrett's Oesophagus.

At least 40,000 of these can be expected to develop oesophageal cancer

up to 32,000 can be expected to die within five years



Founded as a charity in 1999, the Barrett's Oesophagus Campaign is the only national charity dedicated to the prevention of cancer from Barrett's Oesophagus and the support of people living with the condition.

We aim to:

- provide a support and education service to people who suffer from Barrett's Oesophagus and their relatives and friends
- support research to better understand the condition
- raise awareness to encourage early detection

If you would like to find out more about the Campaign's work, or the services they offer, please contact:

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