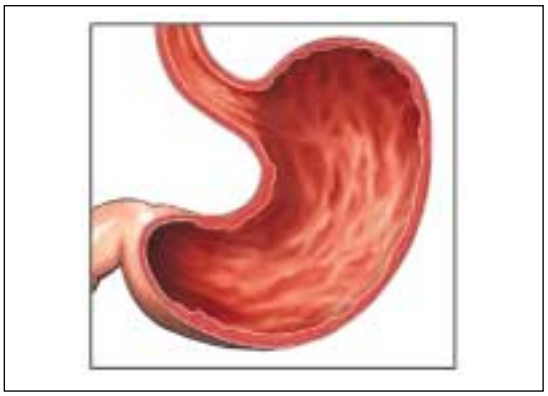
Patient Diagnostic Fact Sheet

Barrett's Esophagus

Background Information

Barrett's Esophagus



Gastroesophageal reflux is a clinical condition in which contents normally found within the stomach regurgitate or reflux back into the esophagus, the tube connecting the mouth to the stomach. Symptoms associated with reflux include heartburn, chest pain and/or regurgitation of acid. Almost all adults reflux at one time or another, often after a big meal or at night. Unchecked, reflux can cause ulcers and strictures (abnormal narrowing of the esophagus) or a change in the lining cells of the esophagus (Barrett's esophagus). Barrett's esophagus is an important condition that is associated with an increased risk of cancer and accordingly, the American College of Gastroenterology recommends that patients with symptoms of gastroesophageal reflux undergo endoscopy to detect Barrett's esophagus.

Treatment options for Barrett's esophagus

(Only a physician can determine the best therapy to treat your condition.)

Upper Endoscopy for Reflux A gastroenterologist will use a tube-like device to examine the lining of the esophagus for changes that may indicate reflux or Barrett's esophagus. A biopsy will be performed and examined microscopically by a surgical pathologist to determine if reflux-induced changes are evident, if Barrett's esophagus has developed and if cancer is present.

Medical Treatment for Reflux Patients with reflux are often treated with medications, called proton pump inhibitors, to reduce gastric acid.

Surgical Treatment for Reflux Patients with the severest form of reflux may be referred for a surgical antireflux operation, e.g., laparoscopic fundoplication.

Follow-up Endoscopy for Barrett's The American College of Gastroenterology believes that systematic biopsy is required to document Barrett's esophagus and to detect dysplasia. The grade of dysplasia, if present, is determined by the surgical pathologist and dictates the follow-up interval. After two negative yearly examinations, the endoscopy interval can be extended to two-to-three years. The interval should be six-months to one-year for low-grade dysplasia. For high-grade dysplasia, an immediate repeat endoscopy with biopsy is recommended to rule out cancer and to confirm high-grade dysplasia. Patients with focal high-grade dysplasia may be checked every three months with endoscopy and biopsy, but more extensive high-grade dysplasia or cancer requires an intervention, e.g., surgery, laser ablation, photodynamic therapy or endoscopic mucosal resection.

Measures you can take to reduce the symptoms of gastroesophageal reflux

- Avoid large meals before bedtime as well as caffeine, chocolate and alcohol
- Elevate the head of your bed
- Use throat lozenges or chewing gum to stimulate salivation
- Maintain a high-fiber diet that is low in fat and calories; consult your physician for proper diet and nutrition information

Important questions to ask your doctor

- Do I have Barrett's esophagus?
- What is my risk for getting cancer?
- What can I do to take care of myself during treatment?
- Will I require any additional monitoring if I take medication?

Sources of additional information

American College of Gastroenterology 703/820-7400 • www.acg.gi.org
Patient education brochures, current clinical updates and late-breaking news

American Gastroenterological Association 301/654-2635
www.gastro.org/public/digestinfo/html
Access to expert panels, support groups and detailed diagnostic and treatment information

Pharmaceutical Information Network www.pharminfo.com/disease/gastro/html
Access to articles, research news and discussion groups on many gastrointestinal disorders

APMG

Associated Pathology Medical Group, Inc.

www.apmglab.com or 800-848-2764