



The Surgical Institute
at True North

CHE MILLER MD | KAYLA WATKINS-JONES MD
BRETT LOCKE APRN

Barrett's Esophagus

Barrett's Esophagus Overview

Barrett's esophagus occurs when the normal cells that line the lower part of the esophagus (called squamous cells) are replaced by a different type of cell (called intestinal cells). This process usually occurs as a result of repetitive damage to the inside of the esophagus. The most common cause of Barrett's esophagus is longstanding acid reflux, called gastroesophageal reflux disease (GERD). In people with GERD, the esophagus is repeatedly exposed to excessive amounts of stomach acid. Interestingly, the intestinal cells of Barrett's esophagus are more resistant to acid than squamous cells, suggesting that these cells may develop to protect the esophagus from acid exposure. The problem is that the intestinal cells have a risk of transforming into cancer cells.

Barrett's Esophagus Risk Factors

Risk factors for Barrett's esophagus include age, gender (male are more commonly diagnosed with Barrett's than women), ethnic background (more commonly in caucasian and hispanic populations), lifestyle, (smokers are more commonly diagnosed with Barrett's than nonsmokers), and alcohol.

Barrett's Esophagus Symptoms

Barrett's esophagus itself produces no symptoms. Instead, most people seek help because of symptoms of GERD, including heartburn, regurgitation of stomach contents, and, less commonly, difficulty swallowing. This emphasizes the importance of upper endoscopy evaluations.

Barrett's Esophagus Diagnosis

Upper Endoscopy - Upper endoscopy is a test that allows a physician to see the inside of the esophagus and stomach. Normally, the lining should appear pink or red and velvety. A small sample of the lining is removed during the endoscopy to examine it with a microscope. Endoscopy detects most (80 percent) but not all cases of Barrett's esophagus. Individual variations in the anatomy of the esophagus and the area where it meets the stomach can make the diagnosis of Barrett's esophagus difficult in some people.



The Surgical Institute at True North

CHE MILLER MD | KAYLA WATKINS-JONES MD
BRETT LOCKE APRN

Barrett's Esophagus Treatment

The first priority in treating Barrett's esophagus is to stop the damage to the esophageal lining, which usually means eliminating acid reflux. Most patients are advised to avoid certain foods and behaviors that increase the risk of reflux. Foods that can worsen reflux include chocolate, peppermint, alcohol, fatty foods, acidic juices, and carbonated beverages. Behaviors that can worsen reflux include eating meals just before going to bed, lying down 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) helps to keep acid in the stomach while sleeping.

Treatment - A class of medications called proton pump inhibitors are commonly recommended for patients who suffer from Barrett's esophagus. These include medications such as Prilosec, Nexium, Prevacid, and Protonix. Sometimes surgery is recommended for Barrett's esophagus.

Barrett's Esophagus Monitoring

Monitoring for precancerous changes is recommended for patients with Barrett's esophagus. At this time, monitoring includes upper endoscopy every two years. For patients with known precancerous changes, repeat endoscopy may be necessary in a shorter interval.

