



## Barrett's Esophagus

During your EGD (upper endoscopy) your gastroenterologist discovered you have Barrett's esophagus. Biopsies were taken to confirm this condition, and the biopsies also will tell the stage of the Barrett's esophagus.

Barrett's esophagus is a change in the lining of the end of the esophagus just above the stomach. This condition is a response to chronic acid inflammation over many years. 15% of adults with chronic heartburn may get Barrett's esophagus. It is frequently seen in middle-aged men. The EGD procedure is the only reliable way to detect and stage Barrett's esophagus. Once someone has Barrett's esophagus, it rarely goes away on its own. If someone does NOT have Barrett's esophagus seen on the EGD, it is rare for Barrett's to develop in the future. **PEOPLE WITH BARRETT'S ESOPHAGUS SHOULD NEVER SMOKE.** Most people with Barrett's esophagus will have no problem with the condition. However, in a very small percentage of people (under 5%) the Barrett's turns into esophageal cancer. Before turning into cancer, often (but not always) the Barrett's goes through stages of transformation: indefinite for dysplasia, low grade dysplasia and high grade dysplasia. Your biopsies will determine if your Barrett's esophagus is undergoing any of three stages. NO dysplasia is most common.

Indefinite for dysplasia usually disappears with more intense antacid treatment.

Low grade dysplasia disappears in 75% of people over time, also with intense antacid treatment.

High grade dysplasia is worrisome, as many people with this develop cancer.

Everyone with Barrett's esophagus should take a daily medicine called a proton pump inhibitor, such as Omeprazole, Prilosec, Prevacid, Aciphex, Protonix and Nexium. Most people with Barrett's esophagus need to take one of these pills daily about ½ hour before breakfast. Occasionally your doctor will recommend you also take another pill before dinner daily.

The treatment of Barrett's with dysplasia depends on the degree of dysplasia. If your biopsies show dysplasia, your doctor will discuss your options and recommend a course of therapy. If you have Barrett's, with or without dysplasia, expect your gastroenterologist to recommend periodic EGD procedures to monitor the condition. Please speak to your gastroenterologist if you have any questions about this condition. This information sheet is just an outline of the condition.