BARRETTE’S ESOPHAGUS

Treatment

Since there are no true symptoms of Barrett’s esophagus, you should take care of the symptoms that are bothering you from GERD or reflux, such as burning in your throat, a cough that won’t go away, loss of your voice and an upset stomach. Only when your doctor confirms Barrett’s esophagus should you think about specific treatments for it.

Medication and Daily Habits

If you also have GERD along with Barrett’s esophagus, your doctor will have you start or stay on drugs to hold back the acid in your stomach. You can get these medications through your doctor, though some can be accessed without a prescription. Talk with your doctor about which choices are best for you before you take any medicines.

You can also help reduce reflux by staying away from certain foods like:

- Chocolate.
- Coffee.
- Peppermint.
- Greasy or fatty foods.
- Spicy foods.
- Alcohol.

Try eating small, well-balanced meals throughout the day.

Eat lots of fruits and veggies.

Avoid coffee, chocolate and greasy foods.
Periodic Surveillance Endoscopy

In order to find any changes in the tissue in your esophagus (the tube that links your mouth and stomach) that could suggest pre-cancer cells or cancer, your gastroenterologist may choose endoscopic surveillance, or **routinely taking a look at and removing some tissue**. With this, your doctor is able to watch for signs of pre-cancer or cancer in the hopes of finding it early. Talk to your gastroenterologist about how often you need testing based on your disease.

Endoscopic Eradication Therapies

If you have cells that are highly abnormal in your tissue sample, or **high-grade dysplasia**, your doctor may suggest an endoscopic eradication therapy. **These therapies not only kill the cells that are not normal, but they can also cause your body to start making normal esophageal cells.**

These therapies are a bit more intense and are done at a hospital or an outpatient endoscopy center by a gastroenterologist.

Common forms of endoscopic eradication therapies are:

- **Radiofrequency ablation (RFA)**
- **Endoscopic mucosal resection (EMR)**
- **Photodynamic therapy (PDT)**
Surgery

Esophagectomy, surgery to remove some of the esophagus, may be an alternative to endoscopic eradication therapies if you have high-grade dysplasia (many abnormal or pre-cancer cells in the tissue).

Before proceeding to this option, you should be looked at by a surgical team that specializes in the care of Barrett’s esophagus with high-grade dysplasia. Surgery is often a last-resort treatment.

Surgery may not be a choice if you have other health problems, because of the higher risks. Endoscopic eradication therapies are less invasive and often have fewer complications.

Barrett’s Esophagus – What to Know:

- Barrett’s esophagus is a change in the tissue in your esophagus (the tube that links your mouth and stomach).
- Barrett’s esophagus does not have any symptoms you can feel.
- Certain people are at higher risk of getting the condition, such as Caucasians, men, those older than 55 years, those who have GERD/acid reflux symptoms, those who are obese, those who are smokers, or those who have a family member with this condition.
- Barrett’s esophagus can only be found with an upper GI endoscopy and biopsy (testing a small piece of tissue).