Is it really just Heartburn?

Treatments for Barrett’s Oesophagus
Introduction

This leaflet describes the various ways in which Barrett’s Oesophagus is treated. It has been produced in association with Heartburn Cancer UK (HCUK), a charity which has set itself the ambitious goal of saving 1000 lives per year by improving awareness of the dangers of heartburn, Barrett’s Oesophagus and Gastroesophageal reflux among the public, health practitioners, and politicians.

How treatment works

There are two aims in treating Barrett’s Oesophagus: to relieve the symptoms of acid reflux, and to prevent it developing into cancer.

1: Treatments to relieve acid reflux

Individuals with Barrett’s Oesophagus often have bad acid reflux but, curiously, not all people have symptoms. The treatment for reflux in people with Barrett’s Oesophagus is the same as for people who do not have Barrett’s.

There are three approaches:

A) Things you can do for yourself

- Avoid eating large meals within two to three hours of going to bed.
- Avoid eating the foods that you know will trigger reflux, these will often include: fatty foods such as cheese, red meat; chocolate, coffee, alcohol, fizzy drinks, spicy foods and citrus.

It is worth making these lifestyle changes, although they only abolish symptoms in about one in five people.
“He’s had heartburn but it’s getting worse, perhaps we should go to the doctor and see what is causing it.”
B) Drugs

- Antacids immediately neutralise the acid that has already been made. They may be either liquids or tablets, and should be taken as soon as you get symptoms. Rennies® and Tums®, and most of the other medicines which you can buy over the counter, work in this way.

- Alginates also contain antacids but, in addition, have a special ingredient which coats the lining of the stomach and oesophagus. This barrier prevents the acid from reaching the area where it would otherwise cause damage. Gaviscon® and Gastrocote® are examples of this class of medicine.

- Acid suppression tablets work to stop acid being made before it can cause damage. There are two types: histamine receptor antagonists like ranitidine (Zantac®) and proton pump inhibitors (PPIs) such as omeprazole, lansoprazole, pantoprazole, rabeprazole and esomeprazole. PPI drugs are far more effective at controlling acid reflux. Most patients with Barrett’s Oesophagus will be taking one of these routinely.

C) Fundoplication Surgery

Fundoplication surgery is a treatment which aims to restore the normal valve mechanism at the lower end of the oesophagus which often does not work properly in individuals with Barrett’s Oesophagus. This treatment is routinely carried out as a keyhole operation. You would only need to stay in hospital for one or two days, although it usually takes four weeks to recover completely from the operation.

Fundoplication surgery is successful in stopping acid reflux in the majority of people who are treated. It does have recognised side effects. Before agreeing to have surgery it is important to discuss these with the surgeon. Things which can trouble people after surgery include bloating of the abdomen, difficulty in swallowing and, rarely, diarrhoea. For more information, you should ask to meet a specialist surgeon.
“this heartburn hurts, doctor says it’s the beer and not to worry. I did tell the doctor that my father died from oesophageal cancer, but he says I’m too young to have anything serious just take another tablet”

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When to use which treatment

Everyone with acid reflux should try to make lifestyle changes. Often, simple changes to when and what they eat will make people feel very much better.

Many people will still need to take medication. People with frequent or severe symptoms should consider taking acid suppression tablets to try and prevent complications of acid reflux such as scarring of the oesophagus. Surgery is an option for people who do not respond well to lifestyle changes and drug therapy, or for those people who do not wish to take tablets for a long period.

2: Treatments to prevent oesophageal cancer

Since the vast majority of patients with Barrett’s Oesophagus do not get oesophageal (gullet) cancer, the usual practice in the United Kingdom is not to attempt to remove the Barrett’s cells. Treatment is usually only offered if the cells look as though they are starting to change and the risk of getting cancer starts to rise.

Prevention of reflux

Although in theory, exposure to acid and bile may make cells more likely to turn cancerous, there is no clear evidence that aggressive suppression of acid reflux does actually reduce the risk of cancer. Decisions about these treatments should generally be made on the basis of symptoms, not on the likelihood of preventing cancer.

Dysplasia

This word is derived from the Greek meaning roughly “bad formation”. Dysplasia in tissue is when the cells have changed abnormally, and may in some cases lead to cancer. Dysplasia is the earliest form of pre-cancerous change that can be recognized and may be rated as either low grade or high grade, the latter representing a more advanced progression towards cancer.
“Mum’s had indigestion for years, but it’s now getting painful. She can’t just hope it goes away. We have to persuade her to see a Doctor.”

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Dysplasia can be a difficult diagnosis for the pathologist to make and therefore it is recommended that if dysplasia is suspected that this is confirmed by an independent, expert pathologist and discussed at the multi-disciplinary meeting to decide whether treatment is recommended.

**Treatment for dysplasia**

The risk for developing cancer is higher with dysplasia and therefore treatment should be considered. The precise treatment offered will depend on your fitness, your preference for treatment over monitoring and the expertise available at your hospital. Endoscopic treatment is now recommended, provided that there is no cancer present invading into the deeper layers of the oesophageal wall. More than one type of treatment may be required and this may include removing pieces of tissue (endoscopic resection) or a treatment aiming to remove the entire Barrett’s tissue (ablation therapy).

**Endoscopic Mucosal Resection or EMR**

Some patients with high grade dysplasia have a visible nodule in their oesophagus. It is relatively straightforward to remove the nodule during endoscopy. If you have this procedure you will be given a sedative to make you slightly sleepy. The procedure takes around 30-45 minutes and you can usually go home the same day. Most people can eat and drink normally afterwards. In about one in ten people there may be minor bleeding, and more serious bleeding in one in 100 people which can be stopped by treatment at endoscopy. If severe, a blood transfusion may occasionally be required.
What is it with this heartburn when I bend over and/or exert myself? I’m young, fit and take care of myself. Can’t be anything serious can it? I’ll just take more medicine!”

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EMR procedure can be repeated a number of times if there are several nodules, but it cannot remove large sections of affected oesophagus without causing scarring and difficulty in swallowing. This treatment does not aim to remove the Barrett’s Oesophagus cells completely.

Endoscopic mucosal resection is a particularly useful technique if the diagnosis is not clear because the removed nodule can be sent to the laboratory to be checked by the pathologist. In this situation, it serves as both a diagnostic test and a treatment.

HALO® RFA (radiofrequency ablation)

HALO® RFA is a new treatment, which uses radiofrequency, a type of heat therapy to destroy the dysplasia. It can also be used to treat the entire area of Barrett’s oesophagus. The treatment is given during an endoscopy procedure and patients go home the same day.

Patients are given a sedative to make them sleepy. A tiny probe is used during an endoscopy to deliver the radiofrequency to the affected parts. The procedure takes about 45 minutes. Some people return to normal activity immediately after treatment, but many feel nauseous and have chest pain, particularly when they eat, this lasts for around 5-10 days in most people, although, for a few, the discomfort can last for up to 3 weeks. Very few people (around 1 in 20) suffer scarring of the oesophagus. This treatment is usually repeated two or three times at intervals of two to three months until not only the dysplasia, but also the entire Barrett’s Oesophagus has been removed.

The outcomes of this treatment for dysplasia look very promising. Approximately 85% of patients have reversal of the dysplasia at the end of the course of treatment, which usually takes a few months to complete. It is still a relatively new treatment and we are not yet certain about how long the benefits last. For this reason, in the long term all patients having the treatment will need to have follow-up endoscopies to ensure they remain well.
Although HALO® RFA can be used very successfully to completely remove the Barrett’s Oesophagus, we do not recommend it unless people already have dysplasia. The reason for this is that most patients will never get dysplasia or cancer and, although the treatment is generally safe, side effects do occasionally occur.

**Surgery**

A small proportion of patients with high grade dysplasia will also be found to have cancer cells. For these patients surgery may be recommended in order to completely remove the cancer cells and the Barrett’s cells. Some patients with high grade dysplasia and no definite cancer elect to undergo surgery so that they can be certain that the high grade dysplasia has been removed. These decisions are difficult and should be made only after discussion with the team of specialists conducting your treatment.

Research is going on all the time into new ways to treat Barrett’s Oesophagus. New studies are being published regularly. Please speak to your specialist about the current state of knowledge regarding the treatments available. You may also wish to discuss with a specialist the possibility of taking part in a research study.

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If you are a current UK taxpayer we would encourage you to complete a gift aid declaration which allows us to reclaim the tax so a donation of £10 is worth £12.50 to us.

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