Is it really just Heartburn?

What is Barrett’s Oesophagus
Introduction

The aim of this booklet is to raise awareness among the public, health professionals and others of the dangers of heartburn, gastro-oesophageal reflux and Barrett’s Oesophagus. It has been produced by the charity Heartburn Cancer UK (HCUK).

We would like to thank the Medical Trustees, Lay Members, Nurses and Patients who have helped with the content of this booklet. Particular thanks to Professor Laurence Lovat, Consultant Gastroenterologist at UCL Hospital and independent medical advisor to HCUK, for his advice and help in producing this patient information booklet.

What this booklet will tell you

Most people have experienced heartburn occasionally. You will probably know what has triggered it, perhaps a rich meal eaten late in the evening. Usually it can be quickly relieved by over-the-counter medicines or by taking various steps yourself.

However, people who have persistent heartburn should not ignore it. Sometimes it can lead to more serious complications.

This booklet gives more information on how to recognise heartburn, and when to consult your doctor if you have frequent and persistent heartburn which might lead to Barrett’s Oesophagus and in very rare cases oesophageal cancer.
“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”
The importance of heartburn

Heartburn is a burning sensation behind the breast bone and is due to acid and/or bile reflux. This occurs when the muscles at the lower end of your oesophagus, sometimes called your gullet or food pipe, become weak and allow digestive juices from your stomach and small bowel to flow back up. This is more likely to occur if you have a hiatus hernia which means that part of the stomach has moved up from its normal position to above the diaphragm.

Digestive juices containing acid and bile cause the typical feeling of a burning pain in your chest which may rise up and spread to your throat and jaw.

You might have other symptoms such as:

- a sour taste in the back of your mouth.
- food coming back up into your mouth after eating (regurgitation).
- hoarse voice.
- a cough that does not go away.

If you often have heartburn, you may find it useful to try to track the foods and drinks that trigger your symptoms, so that you can avoid them. Spicy foods, smoking and alcoholic drinks can provoke symptoms and should be avoided.

Persistent heartburn do not ignore it

It is tempting not to take heartburn too seriously. Lots of people get it. You may think that it will go if you were just less stressed, or lost weight, or ate more regularly. But if you are often suffering heartburn attacks, and regularly have to take over-the-counter medicines to relieve it, talk to your doctor sooner rather than later. Your doctor may prescribe you drugs called acid-suppression tablets, which stop acid being made before it can cause damage.
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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www.heartburncanceruk.org
Your doctor may wish to prescribe regular medication to prevent heartburn symptoms and to arrange for you to have an endoscopy. The medication is usually to prevent the stomach making acid and there are a number of different brands.

If you have difficulty in swallowing foods with food sticking, pain when you swallow, weight loss or symptoms of anaemia (e.g. feeling tired all the time, feeling dizzy, faint, or generally looking unwell), you should consult your doctor straight away because this should be investigated.

What is Barrett’s Oesophagus?

Barrett’s Oesophagus - often known just as Barrett’s - is a condition that affects the lining of the oesophagus, the muscular tube that carries food, liquids and saliva from the mouth to the stomach.

- Normally, the oesophagus is lined by a layer of short, flat cells, called squamous cells.

- This lining is similar to skin in that it is multi-layered and protects the oesophagus from injury caused by swallowed food.

- Reflux occurs when juices from the stomach and small bowel flow back up into the oesophagus repeatedly, over an extended period.

- This exposure to acid and bile can injure the lining of the oesophagus.

- This injury may cause inflammation called oesophagitis.

- In some cases, as healing occurs, the normal squamous lining is replaced by cells that resemble those in the stomach or intestine, a process called metaplasia or change in cell shape.

- It is this abnormal lining that is called Barrett’s Oesophagus.
“Can’t tell him I have had heartburn most of my adult life - it would only be another burden and worry - what difference would it make now I don’t want to make a fuss”

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One in 10 individuals in the UK with a history of heartburn is estimated to have Barrett’s Oesophagus. In a very few individuals with Barrett’s the cell changes may develop into cancer. Cells that begin to show abnormal changes may gradually be developing a condition called dysplasia which occurs long before cancer develops. That is why many people with Barrett's Oesophagus have regular check-ups.

**How is Barrett’s Oesophagus diagnosed?**

Barrett’s Oesophagus is diagnosed by endoscopy. This involves a tiny camera on a thin tube being passed down your oesophagus so that the doctor can look at the lining. The doctor will also take small samples of the cells, called a biopsy, so that they can be looked at under the microscope.

**Check-ups of Barrett’s Oesophagus**

If you have been diagnosed with Barrett’s Oesophagus you may be offered regular check-ups with an endoscopy and biopsy. How often you have these check-ups will depend on your particular case. Most people only need an endoscopy every 2 to 5 years. Occasionally doctors will ask to see you more frequently.

Check-ups allow the doctors to monitor any changes in the cells of your oesophagus and alter your treatment if necessary. This may involve changing the dose of your acid-suppression medication or removing the abnormal areas in the oesophagus. If dysplasia is found early, it can usually be cured before cancer develops.

We have produced another leaflet with more detailed information about the treatments available for Barrett’s Oesophagus.
“His heartburn is getting worse, perhaps we should go to the doctor and see what is causing it”
Key Facts

• About half a million people in the UK have Barrett’s Oesophagus. Most don’t realise they have it.

• 50,000 of these may eventually develop oesophageal cancer. This means 9 out of 10 people with Barrett’s Oesophagus will NOT get oesophageal cancer.

• 8,000 people develop oesophageal cancer each year.

• Oesophageal cancer is the sixth most common cause of death in men in the UK.

• Oesophageal cancer rates in men have risen by 50% over the last 25 years. In women the rates increased by 8%.

Raising awareness, changing the future
Diagram showing the position of the oesophagus

Oesophagus (Food pipe)

Lung

Sphincter (band of muscle at the bottom of oesophagus)

Inflammation is here, where acid refluxes from stomach

Mouth

Windpipe (trachea)

Stomach
Help us by donating now!

HCUK relies on public support to do their vital work.

Donating to HCUK is easy.

You can donate:

- on-line through justgiving.com and virgin money,
- by cheque made payable to: Heartburn Cancer UK
- through a payroll giving scheme,
- with regular standing orders,
- as part of your legacy,
- or every time you shop online.

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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