

Follow Up

If left untreated, additional damage continues as a result of reflux, causing strictures or narrowing of the esophagus. This in turn will cause difficulty in swallowing and may require a procedure known as dilatation or stretching the esophagus.

Barrett's Esophagus is a pre-cancerous condition that may lead to cancer. However, only a minority of patients with Barrett's Esophagus develop cancer.

Even with control of heartburn, it is necessary for you to keep your appointments with your physician and have your esophagus periodically examined to look for changes in the lining known as dysplasia. If there is a severe amount of dysplasia or tissue changes in your esophagus, more aggressive treatment involving surgery may be necessary.



For more information,
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Barrett's Esophagus



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Your physician has diagnosed you with Barrett's Esophagus.

What does this mean?

Barrett's Esophagus is a precancerous condition often associated with heartburn. Barrett's Esophagus is when the delicate pearly pink lining of the esophagus known as squamous epithelium is damaged and replaced by columnar epithelium. In other words, whenever acid from the stomach enters into the esophagus, it can damage the delicate pink lining of the esophagus, much like a scrape on the skin. Then, a new red salmon colored lining that is found in the stomach will develop in the esophagus. Your doctor may refer to this as epithelial metaplasia. This means, simply, the change of one kind of tissue into a form which is not normal for that tissue.

How does this happen?

Gastrointestinal reflux disease, known as GERD, is the regurgitation of gastrointestinal contents from the stomach into the esophagus. GERD may lead to heartburn and Barrett's Esophagus. An abnormality of a one-way valve located at the bottom of the esophagus may allow corrosive acid into your esophagus. Your doctor may refer to this valve as the "lower esophageal sphincter." Certain kinds of medications such as calcium channel blockers, theophylline, nitrates, and anticholinergic drugs may affect lower esophageal sphincter pressure, therefore increasing the amount of acid refluxed.

There may be other causes that contribute to Barrett's, such as abnormalities in the normal movement of the esophagus, known as peristalsis.

How is this diagnosed?

A procedure known as an EGD, which directly examines the lining of the esophagus and stomach is necessary. Tissue biopsies or samples are essential for diagnosis.

How is this treated?

The main goal is to avoid further injury to the esophagus by controlling acid reflux.

This can be accomplished by adhering to the following measures:

- Avoidance of large meals
- Avoidance of spicy foods
- Avoidance of alcohol, coffee, tea and citrus beverages
- Avoid lying down for at least two hours after eating
- Elevation of the head of your bed 4 to 8 inches
- The use of a foam wedge to elevate the entire chest if elevating your bed is not possible
- Avoidance of smoking
- Weight control if applicable
- The use of medication to reduce acid in the stomach

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