

CarePath™ Patient Counseling Report

Sample Doctor, MD
123 Main Street
Responsive, OH 30060

Prepared for: Sample Patient
(DOB: 00/00/00)

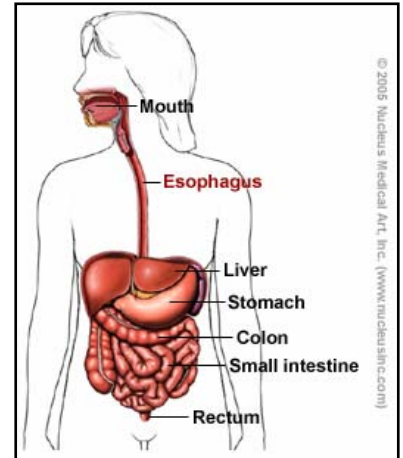
Diagnosis: Barrett's esophagus, high-grade dysplasia

Your CarePath™ Code is: besop00

Your Diagnosis

A specially trained doctor called a pathologist has examined tissue samples that were recently removed from your esophagus during a biopsy. The pathologist has reported to your doctor that you have **Barrett's esophagus**. This means the cells that normally make up the lining of your esophagus have been replaced, in part, with cells of a different kind called Barrett's cells or glandular cells. This is happening because stomach acid has been backing up (refluxing) into your esophagus for a long time and has damaged the lining of your esophagus.

After carefully examining the Barrett's tissue from your esophagus under a microscope, the pathologist determined that it contains **high-grade dysplasia**. Dysplasia refers to abnormalities in cellular development. In tissue with high-grade dysplasia, many cells have developed abnormally, and their pattern of growth is abnormal as well. High-grade dysplasia is considered a precancerous condition. Unless these cells are destroyed or removed from your esophagus, you may develop a type of cancer called esophageal adenocarcinoma. One-third to one-half of people with high-grade dysplasia in Barrett's esophagus either already have this cancer or will develop it within several years.^{1,2,3}



How Is Barrett's Esophagus Treated?

Because the Barrett's tissue in your esophagus contains high-grade dysplasia, your doctor may recommend that you have surgery to remove part or all of your esophagus. The operation, called **esophagectomy**, is technically difficult and should only be performed by an experienced surgeon on people in good overall health. If you are not healthy enough to have the surgery or choose not to have it for other reasons, one or more of the following **ablative treatments** may be considered:

- **Photodynamic therapy**, which uses drugs and laser light to destroy Barrett's tissue.
- **Thermal ablation**, which uses heat to destroy Barrett's tissue.
- **Endoscopic mucosal resection**, a surgical procedure in which portions of the esophageal lining that contain Barrett's tissue are removed.

Your Job

It is important for you to control stomach acid reflux in order to keep Barrett's esophagus from getting worse. If your doctor has prescribed medications for you to take to control acid reflux, you can help make them more effective by changing certain diet and lifestyle habits.

Here are some tips for preventing acid reflux that you may wish to discuss with your doctor:

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- Avoid foods that increase stomach acid production or seem to make your acid reflux worse. Foods that tend to trigger acid reflux include fatty or spicy foods, onions, peppermint and spearmint, chocolate, citrus fruits (and their juices), and tomatoes. Carbonated drinks, whole milk, and coffee (regular and decaffeinated) also can cause acid reflux.
- Take a nonprescription antacid or acid blocker (sometimes called H₂-blockers) when heartburn and other acid reflux symptoms occur.
- Avoid overeating, and don't eat anything for at least 3 before you go to bed.
- Place bricks or blocks under the legs at the head of your bed to lift it 6 to 8 inches. You may also place a Styrofoam wedge under your mattress to elevate the head of your bed. Elevating your head with additional pillows won't work. In fact, it may actually make your symptoms worse, because it increases pressure on your stomach.
- Maintain a healthy weight. Being overweight increases your risk for frequent, severe acid reflux. If you are overweight, work with your doctor to create a safe diet and exercise plan that will help you lose weight at a reasonable rate and keep it off.
- Wear loose-fitting clothes. Avoid clothes that bind you around the waist or abdomen.
- If you smoke, quit.
- Avoid alcohol. It can trigger heartburn.
- Avoid nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen. These may irritate the lining of your digestive tract. If you need to take a pain reliever, acetaminophen may be a good alternative.
- Review with your doctor all of the medications you are currently taking. Some medications can trigger heartburn. Your doctor may be able to prescribe a different drug to replace one that is causing problems. Don't stop taking a medication unless your doctor tells you it's all right to do so.

Other Resources

You can obtain additional information about Barrett's esophagus from the following sources:

CarePathOnLine™ Support Center

Home page: www.carepathonline.com

The *CarePathOnLine* Support Center presents in-depth, reader-friendly information to help you learn about your health problem. This Web site is a component of the *CarePath*™ Health Information Service provided by DIANON Systems as part of its mission to improve the health of all Americans. DIANON *Systems* is a national laboratory that specializes in providing pathology and gene-based testing services.

Enter *CarePath* Code **besop00** for one-step access to information specially prepared for people recently diagnosed with Barrett's esophagus. Or feel free to select any book from our well-stocked Health Library. Either way, you'll be taking your first step on the path to better health.

American College of Gastroenterology

Telephone: (703) 820-7400

Home page: www.acg.gi.org

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National Institute of Diabetes & Digestive & Kidney Diseases

National Digestive Diseases Information Clearinghouse

Telephone: (800) 891-5389

Home page: www.niddk.nih.gov

References

1. Kahrilas PJ, Pandolfine JE. Gastroesophageal reflux disease and its complications, including Barrett's metaplasia. In Feldman M, Friedman LS, Sleisenger MH, eds. *Sleisenger & Fordtran's Gastrointestinal and Liver Disease*, 7th ed. Philadelphia, Pa: Saunders; 2002:599-622.
2. Liu C, Crawford JM. The gastrointestinal tract. In Kumar V, Abbas AK, Fausto N, eds. *Robbins and Cotran Pathologic Basis of Disease*. 7th ed. Philadelphia, Pa: Elsevier; 2005:797-876.
3. Zwischenberger JB, Savage C, Bhutani MS. Esophagus. In Townsend CM, Beuchamp RD, Evers BM, Mattox KE, eds. *Sabastian Textbook of Surgery: The Biological Basis of Modern Surgical Practice*. 17th ed. Philadelphia, Pa: Elsevier; 2004: 1091-1150.

This report is provided to help you better understand your pathology result. It is intended only for information purposes and does not include all of the available knowledge about your diagnosis. Nor is it meant to advise you about health care decisions or substitute for professional care. Always seek the advice of a qualified health care provider with any questions you may have regarding your medical condition. Remember that only you and your medical doctor can determine your best care plan based on your medical history and clinical circumstances.

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