



## Upper GI Endoscopy (EGD) with Ablation Therapy for Barrett's Esophagus

Chronic gastroesophageal reflux disease (GERD) that is untreated has serious complications.

- Inflammation of the esophagus from refluxed stomach acid can damage the lining and cause bleeding or ulcers on the lining of the esophagus, known as esophagitis.
- Scars from tissue damage can lead to strictures, narrowing of the esophagus, that make swallowing difficult.
- The lining of the lower part of the esophagus can change into a type of tissue similar to that normally found in the intestine. This process is called intestinal metaplasia.

When the lining of the esophagus develops intestinal metaplasia this is referred to as Barrett's esophagus. Barrett's esophagus is a pre-malignant condition. If left untreated it can worsen over time and can develop into a type of cancer called esophageal adenocarcinoma.

Barrett's esophagus is diagnosed during an upper endoscopy. In an upper endoscopy a flexible tube, which has a light and miniature camera, is passed through the mouth into the esophagus. If suspicious tissue is seen, a small piece of tissue is removed (called a biopsy) and examined by a pathologist under a microscope to confirm the diagnosis.

With proper follow-up care, healthy esophageal tissue is formed as part of the natural healing process. The majority of patients are cured with 1 or 2 procedures.

### *Prior to the procedure:*

You should not eat or drink anything after midnight the day before your procedure – or for at least 8 hours prior to the start of your procedure. Please discuss with your doctor whether he wants you to take any of your daily medicines on the morning of your procedure, for example, medicine for your blood pressure.

### *What to expect during the procedure:*

Ablation therapy involves inserting a small balloon catheter into the esophagus via an upper endoscope. The balloon is placed at the abnormal tissue and cautery is applied. This destroys the Barrett's tissue on the lining of the esophagus.

A monitor will record your blood pressure, pulse, blood oxygen levels, as well as the heart rate and rhythm throughout the procedure. Your doctor will give you medicine through an IV to help you relax and be more comfortable during the procedure. You'll lie on your side, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach, and duodenum. The endoscope doesn't interfere with your breathing. Most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

*What to expect after the procedure:*

The procedure itself usually about 30 minutes; but, you should plan on being at the hospital for about two to three hours. This includes preparation and recovery time. The medicine you receive may make it difficult for you to remember what the doctor or nurses tell you after your procedure. It is helpful to have someone with you who can also hear the instructions and stay with you on the day of the procedure. You cannot operate machinery or drive a motorized vehicle for 24 hours after the procedure. Please make arrangements for someone to be at the hospital to take you home. In addition:

- Most patients experience mild soreness or discomfort after the procedure. These symptoms are typically controlled with standard pain medication and usually last a day or two.
- Patients eat a full liquid diet for 24 hours then progress to a soft diet for several days.
- Ablation therapy does not cure GERD. Since acid reflux is the likely cause of your Barrett's, it is crucial that you control your reflux to prevent a recurrence of Barrett's. Your doctor may recommend additional medications to further control your GERD and regular checkups will be required to monitor your condition.

Please see [\*EGD with Cautery Discharge Instructions\*](#) in the Patient Resources section of this website.