HOW IS BARRETT'S ESOPHAGUS MANAGED?

Joint recommendations from medical societies recommend that a patient with Barrett's esophagus should undergo an upper endoscopy procedure with biopsies on a regular basis for the remainder of their lifetime. The frequency of endoscopy is determined by the grade of Barrett's esophagus.

In addition to surveillance endoscopy approaches for Barrett's esophagus, there are treatment options that include endoscopic and surgical therapy to eliminate the Barrett's esophagus tissue completely. Patients should consult with their physician to determine what the optimal approach is for their particular disease state.

WHAT IS ABLATION?

"Ablation" is a technique where tissue is either heated or frozen until it is no longer viable or alive. Physicians have used various forms of ablation for nearly a century to treat a number of cancerous and precancerous conditions, as well as to control bleeding.[11]

What is the treatment option using the Barrx™ radiofrequency ablation system?

The Barrx™ radiofrequency ablation system is a very specific type of ablation, in which thermal (heat) energy is delivered in a precise and highly controlled manner.

Barrett's esophagus tissue is very thin and, therefore, a good candidate for removal with ablative energy. Delivery of ablative energy with the Barrx™ radiofrequency ablation system can achieve complete removal of the diseased tissue without damage to the normal underlying structures.

Clinical studies have demonstrated the Barrett's esophagus tissue can be completely eliminated

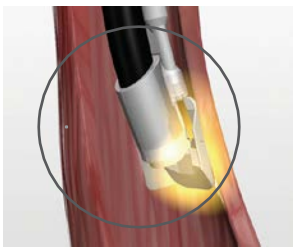
with the Barrx™ radiofrequency ablation system in over 90% of patients.[12,13]

What happens during treatment with the Barrx™ radiofrequency ablation system?

Ablation therapy is performed in conjunction with upper endoscopy. The treatment is performed in an outpatient setting and no incisions are involved. The Barrx™ radiofrequency ablation system consists of two different device types: a radiofrequency (RFA) balloon catheter and a series of radiofrequency (RFA) focal catheters. The Barrx™ RFA balloon catheter is capable of treating larger areas of circumferential Barrett's esophagus, while the Barrx™ RFA focal catheters are used to treat smaller areas.

Barrx™ RFA Balloon Catheter

Barrx™ RFA Focal Catheter



Depending on the extent of the Barrett's esophagus, the Barrx™ RFA balloon catheter or one of the Barrx™ RFA focal catheters is used to deliver energy to the targeted areas.

WHAT TO EXPECT AFTER TREATMENT?

Patients may experience some chest discomfort and difficulty swallowing for several days after the procedure, both of which are managed with medications provided by the physician. In clinical trials, these symptoms typically resolved within 3-4 days.[12,14,15] Patients are provided with anti-acid medications to promote healing of the treated esophagus and replacement of the diseased Barrett's esophagus tissue with a normal, healthy esophagus lining.[12,14,15]

A follow-up appointment is scheduled within 2-3

months to assess the response to treatment. If any Barrett's esophagus tissue remains, additional therapy may be recommended.

How is GERD managed after a successful ablation?

Successful elimination of the Barrett's esophagus tissue does not cure pre-existing GERD or the associated symptoms. The physician will guide the patient regarding long-term GERD therapy.

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