



Barrett's oesophagus: a short guide

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What was found?

Barrett's is a change in the surface lining of the lower food pipe that can develop as a complication of long-standing reflux. It is not cancer, and most people with Barrett's do not develop cancer. I interpret the gastroscopy and biopsy findings together.

What does the biopsy mean?

No dysplasia means no concerning precancerous cell changes were seen in the samples. Indefinite for dysplasia means inflammation or repair may be difficult to distinguish from abnormal changes. Low-grade or high-grade dysplasia needs confirmation by an experienced pathologist and a separate treatment discussion. These findings are not an inevitable sequence.

Treatment and follow-up

Keep taking your prescribed reflux medicine. Long-term acid suppression may also reduce progression to dysplasia or cancer, even when reflux symptoms are controlled. Barrett's without dysplasia is usually monitored. Surveillance aims to find dysplasia or very early cancer while endoscopic treatment is possible, which may avoid major surgery. The timing depends on the biopsy result, Barrett's length and your health. Follow-up is recorded in your endoscopy and/or histology report after tissue results are available.

Do not wait for a planned check

Contact your GP or our team promptly for new swallowing difficulty, pain on swallowing, unexplained weight loss or persistent vomiting. Food stuck with inability to swallow saliva, vomiting blood or black tarry poo needs urgent assessment. Call 111 for severe chest pain, collapse, heavy bleeding or if you cannot travel safely. New chest pain should not be assumed to be reflux.



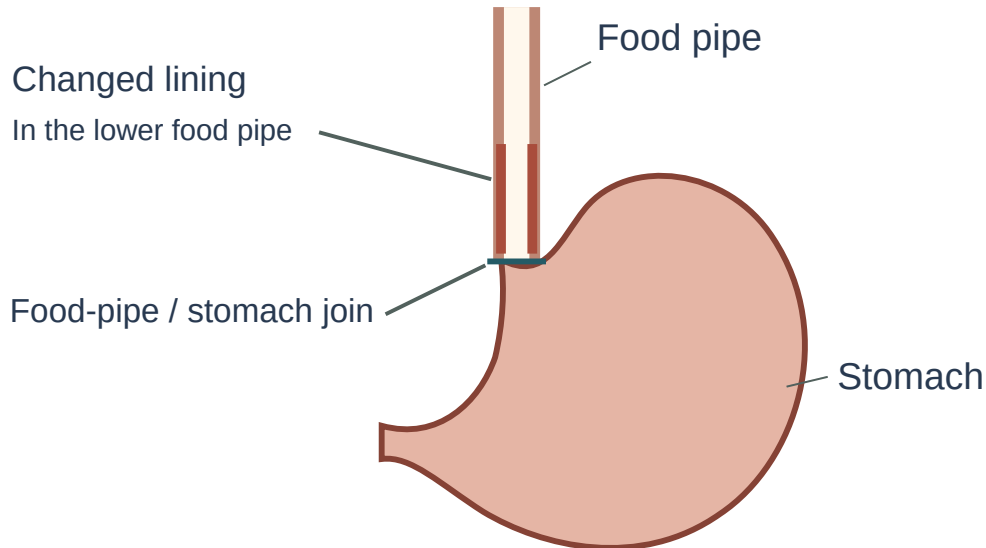


Where is Barrett's lining found?

Barrett's lining

Your right

Your left



Simplified cutaway. Only part of the upper tract is shown.

Barrett's affects part of the surface lining of the lower food pipe, above its join with the stomach. It is not a lump and it does not move the stomach.

Read this illustration alongside the advice in this guide.

