



# Barrett's oesophagus

A change in the lining of the gullet: what it means and how it is monitored

PE-GIC-12

Barrett's oesophagus is a change in the lining of the lower gullet, usually after years of reflux. It slightly raises the risk of a type of oesophageal cancer, but most people with Barrett's never develop cancer. Regular surveillance finds early changes, which can usually be treated through the endoscope.

## What is it?

The gullet is normally lined with flat, pale cells. In Barrett's oesophagus, long exposure to acid and bile from reflux causes the lower part of this lining to be replaced by cells similar to those of the stomach or intestine. At gastroscopy it looks salmon-pink.

The diagnosis is confirmed with biopsies. The length of the Barrett's segment is measured in centimetres, because this helps decide how often you need checks.

## Who is at higher risk?

- Long-standing reflux symptoms, over many years
- Men, especially over the age of 50
- Excess weight, particularly around the waist
- Smoking, now or in the past
- A first-degree relative (parent, brother, sister or child) with Barrett's oesophagus or oesophageal cancer
- A hiatus hernia

## What is the cancer risk?

In a small number of people, Barrett's changes over years through stages called dysplasia (abnormal cells, described as low-grade or high-grade) to a cancer called

adenocarcinoma.

For Barrett's without dysplasia, the risk each year is low, well under 1 in 100. Most people with Barrett's never develop cancer. The purpose of surveillance is to find the uncommon change early, when it can be treated without major surgery.

## Surveillance

- Surveillance means a gastroscopy with careful inspection and several biopsies taken in a set pattern
- Without dysplasia, checks depend on the length of the Barrett's segment: usually every 5 years if it is shorter than 3 cm, and every 3 years if it is 3 cm or longer. Very long segments (10 cm or more) are usually followed in a specialist centre
- Very short changes (under 1 cm) are not counted as Barrett's oesophagus in current guidelines and do not need regular surveillance
- If low-grade dysplasia is found, the biopsies are reviewed by a second specialist pathologist. If it is confirmed, endoscopic treatment (ablation) is usually offered; closer checks, every 6 to 12 months, are an alternative
- Biopsies are most accurate when reflux inflammation is controlled, so you may be asked to take your acid-reducing medicine regularly beforehand
- Surveillance is individual: it may be stopped when age or other health problems mean that treatment would no longer be appropriate

## Treatment

- A proton pump inhibitor (PPI) controls reflux symptoms and inflammation, and is often taken long term
- High-grade dysplasia or very early cancer is usually treated endoscopically: visible areas are removed (endoscopic resection), then the remaining Barrett's is destroyed with heat (radiofrequency ablation) or cold
- Confirmed low-grade dysplasia is usually treated with ablation; closer surveillance is an alternative, after discussion with you
- After endoscopic treatment, surveillance continues, because Barrett's can occasionally return
- Anti-reflux surgery can control reflux, but it does not remove Barrett's or replace surveillance

## Looking after yourself

- Take your acid-reducing medicine as prescribed
- Aim for a healthy weight, especially around the waist
- Stop smoking
- Avoid large, late meals
- Attend your surveillance appointments, even if you feel well

### Get urgent medical care if you have

- Difficulty swallowing or food sticking
- Pain when swallowing
- Vomiting blood or passing black stools
- Weight loss without trying
- Persistent vomiting

## Common questions

### Does Barrett's mean I have cancer?

No. Barrett's is a change in the lining of the gullet, not cancer. It needs monitoring because of a small long-term risk.

### Will medicine make the Barrett's go away?

Acid-reducing medicine controls reflux and inflammation but does not usually reverse Barrett's. Removing Barrett's with endoscopic treatment is reserved for people with dysplasia or early cancer.

### Should my family be checked?

Barrett's sometimes runs in families. There is no routine screening for relatives, but close relatives with long-standing reflux should mention your diagnosis to their doctor.

## **I feel fine. Can I skip my surveillance gastroscopy?**

Dysplasia causes no symptoms, so feeling well does not show whether changes have occurred. Discuss any concerns about timing with your doctor rather than missing the appointment.

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This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

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