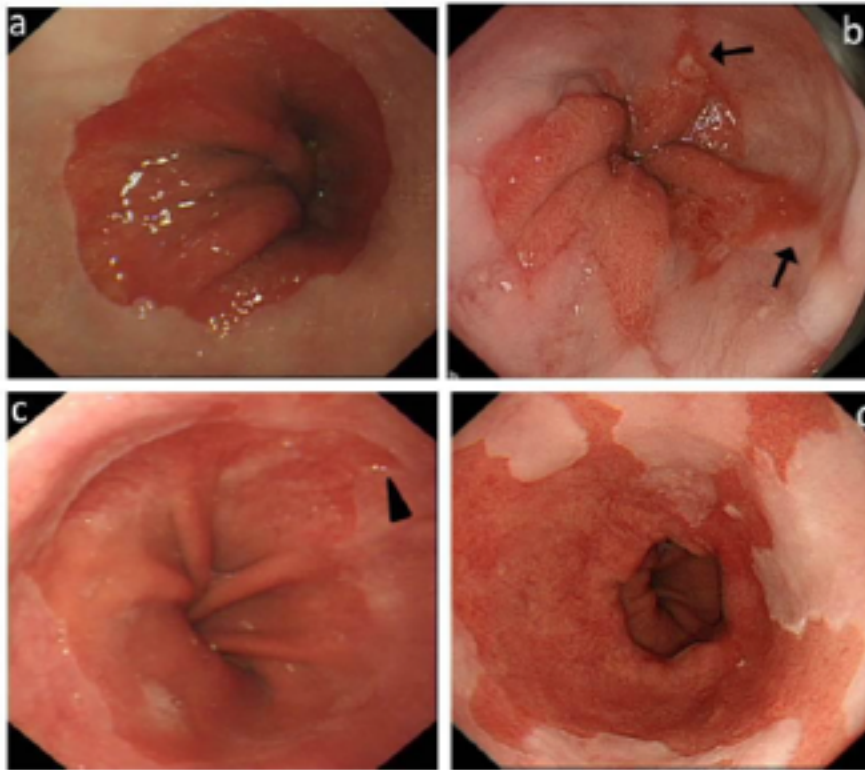


# Barretts Surveillance

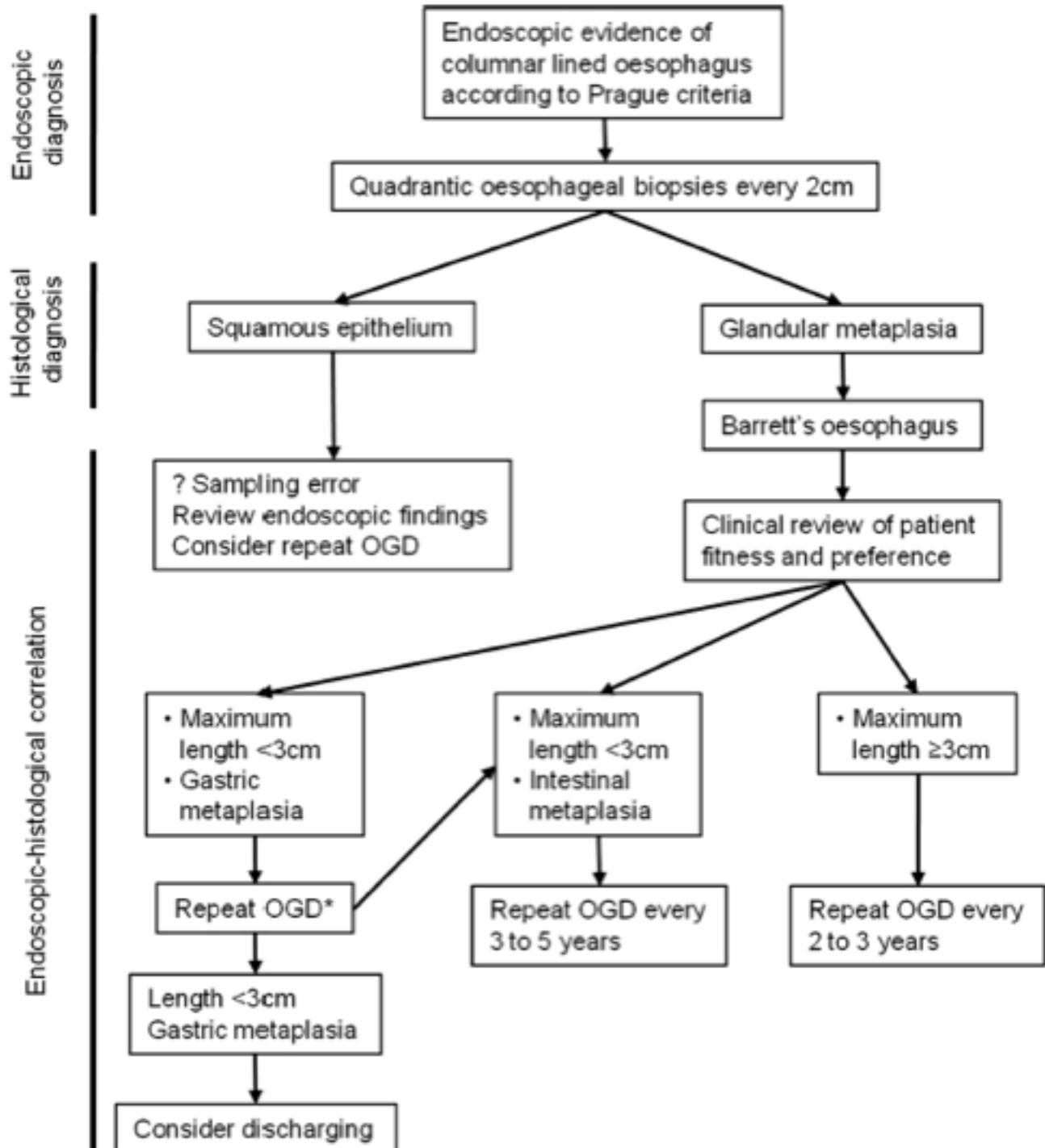


- a. Normal GOJ with a squamo-columnar junction which coincides with the top of the gastric folds.
- b. Irregular Z-line (arrows indicate focal areas of oesophagitis, which can mimic tongues of Barrett's oesophagus)
- c. Irregular Z-line (arrow head shows a tongue of columnar-lined oesophagus shorter than 1 cm, which does not fulfill the minimum length required for an endoscopic diagnosis of Barrett's oesophagus)
- d. Clearly visible Barrett's oesophagus on endoscopic imaging.

## Surveillance for Barrett's oesophagus

| Findings                            | Surveillance  |
|-------------------------------------|---|
| Intestinal metaplasia of the cardia | Not recommended   |
| Irregular Z line                    | Not recommended   |
| <3cm without IM                     | Repeat gastroscopy with quadrant biopsies – if still no IM, discharge from surveillance |
| <3cm with IM                        | Every 3-5 years (agreed 4 yearly L&D)   |
| >3cm                                | Every 2-3 years (agreed 2 yearly L&D)   |

## Surveillance of non-dysplastic Barrett's



\* Interval depends on the degree of clinical confidence about diagnosis (accuracy of endoscopic report and number of biopsies)

## Surveillance for Dysplastic Barrett's

