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Summary

How to optimise your Barrett's endoscopies and report your imaging techniques and lesion classification

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UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

October 5, 2025

High-quality Barrett's surveillance endoscopy requires standardised technique with optimal equipment, meticulous cleaning, systematic inspection using image enhancement, and training to recognise subtle neoplastic lesions, as the speaker reports miss rates of 11-25% with current practice.

KEY POINTS

- The speaker recommends using the best available endoscope, planning lists to reserve high-quality scopes for Barrett's surveillance rather than allowing their use for other procedures.
- Meticulous cleaning of all saliva and mucus is essential before inspection, and the speaker states that simethicone before endoscopy finds more lesions without increasing aspiration risk according to ESG sedation guidelines being finalised.
- The speaker recommends systematic inspection with white light followed by image enhancement (virtual chromoendoscopy) at one minute per centimetre of Barrett's segment, with mandatory retroflexion at the gastroesophageal junction.
- Subtle signs of neoplasia include slight elevation or depression, colour change, erosions, friable areas, and bleeding during cleaning; the speaker states focal inflammation within Barrett's without oesophagitis elsewhere is suspicious for neoplasia.
- The speaker advises looking for absent or irregular mucosal groove patterns and vascular patterns rather than using formal classification systems, with the most common dysplasia site being 12 to 5 o'clock positions.
- The BORN module is a free validated online training tool that the speaker recommends for learning to recognise early neoplastic lesions, stating it has been shown to increase neoplasia detection.

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