

Upper gastrointestinal endoscopy categorisation guidelines for adults 2018

	Category 1 (<30 days)	Category 2 (<60 days)	Category 3 (<180 days)	Comments/Not Indicated
Indication A: Symptoms and investigations				
<ul style="list-style-type: none"> ➤ Dysphagia alone is an automatic Category 1 ➤ Additional symptom: dyspepsia, GORD, upper abdominal pain, persistent nausea/vomiting, early satiety or unexplained loss of appetite ➤ Abnormal blood test: low Hb, low ferritin, microcytosis, hypochromia, raised platelets 				
1.	Dysphagia • any age			
2.	Haematemesis/Melaena • any age (see Comments)			Delayed presentation of symptoms; assume haemodynamically stable and no ongoing acute bleed requiring immediate admission.
3.	Anaemia and/or Iron deficiency, and: • age ≥ 55 years	Anaemia and/or iron deficiency, and: • age < 55 years		Refer to investigation of iron-deficiency anaemia in Explanatory notes .
4.	Abnormal imaging , likely oesophageal or gastric cancer • any age			Upper gastrointestinal endoscopy is not indicated for metastatic adenocarcinoma of unknown origin when results will not alter management.
5.	Weight loss, unexplained, and: • age ≥ 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging	Weight loss, unexplained, and: • age < 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging		
6.	Dyspepsia, and: • age ≥ 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging <i>or</i> – atrophic gastritis <i>or</i> – FHx of upper GI cancer in 1st degree relative	Dyspepsia, and: • age < 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging <i>or</i> – atrophic gastritis <i>or</i> – FHx of upper GI cancer in 1 st degree relative <hr/> Dyspepsia, and: • any age, <i>plus</i> – non-responsive to PPI <i>and/or</i> <i>H. pylori</i> therapy or <i>H. pylori</i> -negative		Refer to test and treat policy for <i>H. pylori</i> in Explanatory notes . Upper gastrointestinal endoscopy is not indicated if symptoms resolved after test and treatment for <i>H. pylori</i> .
7.	Dyspepsia, and: • any age, <i>plus</i> – known intestinal metaplasia/gastric dysplasia			
8.	GORD, recent onset, and: • age ≥ 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging	GORD, recent onset, and: • age < 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging		Upper gastrointestinal endoscopy is not indicated on assessment of extra-oesophageal GORD symptoms including choking, coughing, hoarseness, asthma, laryngitis, chronic sore throat, or dental erosions. Upper gastrointestinal endoscopy is not indicated for asymptomatic or uncomplicated sliding hiatal

				hernia.
9.	GORD, non-responsive, and: • age ≥ 55 years, <i>plus</i> – known Barrett’s oesophagus	GORD, non-responsive, and: • age < 55 years, <i>plus</i> – known Barrett’s oesophagus <hr/> GORD, non-responsive, and: • age ≥ 55 years	GORD, non-responsive, and: • age < 55 years	Assume GORD non-responsive after 6-8 weeks of double dosage PPI treatment.
10.	Upper abdominal pain, and: • age ≥ 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging	Upper abdominal pain, and: • age < 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging		Seek specialist review if upper abdominal pain indication not fulfilling criteria.
11.	Nausea/vomiting, persistent, and: • age ≥ 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging	Nausea/vomiting, persistent, and: • age < 55 years, <i>plus</i> – any additional symptom <i>or</i> – abnormal blood test or imaging		
12.	Inflammatory bowel disease in adults • no Category 1 indication	Inflammatory bowel disease in adults • at the time of diagnosis if upper GI symptoms present		
13.	Pernicious anaemia (endoscopically diagnosed) and: • any age, <i>plus</i> – any additional symptom	Pernicious anaemia (serologically diagnosed) • asymptomatic at time of diagnosis		
14.	Coeliac disease • no Category 1 indication	Coeliac disease • suspected coeliac disease with positive serology <i>or</i> • known coeliac disease with no exposure to gluten, <i>plus:</i> – persistent high serological titres after 12 months <i>or</i> – persistent diarrhoea, abdominal pain, weight loss, fatigue, or anaemia		Refer to Explanatory notes for: - serology test - information on gluten
15.	Cirrhosis • no Category 1 indication	Cirrhosis • at time of diagnosis to assess for oesophageal varices		

Category 2 (<60 days)

Indication B: Surveillance

	INDICATION	RECOMMENDATION	TIMING OF SURVEILLANCE
16.	Barrett’s oesophagus (See Explanatory notes for further information on surveillance recommendations)	• Barrett’s oesophagus, short, <3cm, no dysplasia • Barrett’s oesophagus, long, ≥3cm, no dysplasia • following treatment for Barrett’s oesophagus	➢ every 3-5 years ➢ every 2-3 years ➢ 3 monthly, biannually for 12 months on clearance, then yearly thereafter
17.	Adenomatous polyposis syndrome	• age 25-30 years for baseline endoscopy • timing interval dependent upon Spigelman Stage of duodenal polyposis	➢ every 6 months - 4 years
18.	Gastric ulcer	• following diagnosis and treatment	➢ 6-8 weeks; no subsequent surveillance of healed disease necessary
19.	Eosinophilic oesophagitis	• following diagnosis and PPI treatment	➢ 6-12 weeks

20.	Severe erosive oesophagitis, LA grade - C & D	<ul style="list-style-type: none"> • following diagnosis and PPI treatment 	<ul style="list-style-type: none"> ➢ 6-12 weeks
21.	Gastric dysplasia/intestinal metaplasia	<ul style="list-style-type: none"> • previous gastric adenomatous polyps • low grade dysplasia and no endoscopically defined lesion • high grade dysplasia and no endoscopically defined lesion • non-dysplastic multifocal intestinal metaplasia/extensive atrophy • non-dysplastic intestinal metaplasia/extensive atrophy 	<ul style="list-style-type: none"> ➢ at 12 months ➢ every 12 months ➢ every 6 months with multiple biopsies ➢ every 2 years ➢ consider single follow up at 2 years and if no progression, no further follow-up. If progression, follow as per points above.
22.	Lynch Syndrome	<ul style="list-style-type: none"> • age 35 years for baseline endoscopy 	<ul style="list-style-type: none"> ➢ every 1-2 years, at time of colonoscopy
23.	Oesophageal Varices	<ul style="list-style-type: none"> • no varices (in cirrhosis and portal hypertension) • Grade 1 varices • post-treatment for varices 	<ul style="list-style-type: none"> ➢ every 2-3 years ➢ every 12 months ➢ at 3 months, then every 6 months
24.	Previous therapeutic procedure	<ul style="list-style-type: none"> • previous EMR • previous myotomy for patients with achalasia • previous gastrectomy/oesophagectomy • previous chemoradiation for SCC oesophagus 	<ul style="list-style-type: none"> ➢ 3 monthly first year, 6 monthly in second year, then yearly thereafter ➢ repeat for recurrent symptoms, 3 yearly if disease present for >10 years ➢ no routine surveillance necessary except partial gastrectomy and residual gastric dysplasia (as per Row 21) ➢ 3 monthly first year, 6 monthly in second year, then symptomatically thereafter

Category 1 (<30 days)

Indication C: Therapeutic

25.	Dysplastic Barrett's oesophagus
26.	High grade gastric dysplasia and endoscopically resectable lesion (for EMR)
27.	Dilatation for oesophageal stricture
28.	Ligation of oesophageal varices
29.	Other

Category 1 (<30 days)

Category 2 (<60 days)

Category 3 (<180 days)

Comments/Not Indicated

Indication D: Pre-Operative Assessment

30	Known cancer	Anti-reflux surgery	Bariatric Surgery	
31			Hiatal Hernia	