

Central Adelaide Gastroenterology and Hepatology Services

Clinical Information Sheet

GASTRO-OESOPHAGEAL REFLUX DISEASE	Clinical Presentation/syndrome
<p>Eligibility</p>	<p>Endoscopy in reflux disease</p> <p>Many referrals appear to be for the purpose of undertaking an endoscopy in patients with reflux symptoms. In general, endoscopy is only warranted when:</p> <ol style="list-style-type: none"> 1. Symptoms persist or progress on appropriate therapy 2. Symptoms suggest severe oesophagitis may be present: <ol style="list-style-type: none"> a. haematemesis b. persistent or progressive dysphagia 3. Other diagnoses seem possible: <ol style="list-style-type: none"> a. infective oesophagitis b. drug-induced oesophagitis c. oesophageal malignancy – progressive dysphagia, weight loss <p>Patients who do not respond adequately to standard-dose PPI therapy, e.g. pantoprazole 40 mg daily, should be:</p> <ol style="list-style-type: none"> 1. checked to determine that they are taking the medication properly, i.e. before food. 2. given a trial of twice-daily PPI therapy – before breakfast, before evening meal. <p>Symptoms that relapse after stopping therapy are not an indication for endoscopy. This is an expected response and should be managed by continuing therapy.</p>
<p>Priority and how to access services</p>	<p>Ensure any referral for suspected GORD considers and addresses the points raised above. As for all conditions, referrals should either be by discussion with GE registrar on-call (if concerned) or by fax/letter to OPD</p>
<p>Information required with referral</p>	<p>Information that is extremely helpful is assessing referrals for reflux disease includes:</p> <ul style="list-style-type: none"> • Presence and nature of any <u>alarm symptoms</u>: dysphagia, odynophagia, weight loss, nocturnal cough or choking, haematemesis • Presence of Barrett’s oesophagus (if previously documented) • Current and previous drug therapy • Previous endoscopy results (and reports where available) • Results of any other relevant investigations, e.g. oesophageal manometry / reflux monitoring, barium swallow.



Investigations required with referral	Any past endoscopy reports Recent FBC Any past barium swallows or other relevant radiology
Pre-Referral management strategies	Ensure patient is taking PPI as instructed Trial of BD PPI

For more information

Central Adelaide Gastroenterology and Hepatology Services:
Royal Adelaide Hospital, North Terrace, Adelaide. Telephone: 08 8222 4000
The Queen Elizabeth Hospital, 28 Woodville Road, Woodville South. Telephone: 08 8222 6000

© Department for Health and Ageing, Government of South Australia. All rights reserved.