**Reflux**

Consider differential diagnosis including

cardiac and biliary disease

Consider drug induced symptoms eg Bisphosphonates

**Indications for 2ww OGD**

(NICE NG12)

A. Dysphagia

B. Aged ≥55yrs with weight loss and any of the following:

 - Upper abdominal pain
 - Reflux
 - Dyspepsia

**No alarm symptoms**

Under 55 years

**Indications for routine OGD**

(NICE NG12)

 ≥55yrs with reflux

and any of:

- Treatment resistant symptoms

- Anaemia

- Raised platelet count

- Nausea or vomiting

Lifestyle advice

*(Not necessary to routinely check Helicobacter Pylori)*

**2ww OGD**

(via fast track pathway)

**Routine OGD**
(Any provider)

Lansoprazole 30mg od or Omeprazole 20mg od

for 1 month

**Good response**

Stop or step down to lowest effective dose

**Poor Response**

Omeprazole 20mg bd

or

Consider H2RA

eg Famotidine 20mg bd

(or 40mg nocte if symptoms predominantly at night)

for 1 month

**Poor response**

Refer for OGD

**Good response**

Stop or step down to lowest effective dose

**Notes**

Reflux: Predominant chest pain/discomfort

Alarm symptoms:

Dysphagia, unexplained weight loss, vomiting, anaemia, raised platelets and epigastric mass

For patients with reflux symptoms exclusively experienced in throat and neck area

eg waterbrash, cough or voice changes consider ENT referral in preference to endoscopy

Helicobacter Pylori is closely associated with peptic ulcer disease (dyspepsia) but not acid reflux

Prime Endoscopy, June 20222022

**Notes**

Dyspepsia: Predominant epigastric pain/discomfort

Alarm symptoms:
Dysphagia, unexplained weight loss, vomiting, anaemia, raised platelets and epigastric mass

Helicobacter Pylori is closely associated with peptic ulcer disease (dyspepsia) but not acid reflux

In individuals with dyspepsia and upper abdominal mass, arrange 2ww referral for outpatient clinic appointment
(alongside CT Chest/Abdomen/Pelvis and blood tests as per fast track pathway)

Prime Endoscopy, June 20222022

**Poor response**

Refer for OGD

**Good response**

Stop or step down to lowest effective dose

**Poor Response**

Consider retesting H Pylori if previously positive

Increase Omeprazole
to 20mg bd

or

Consider H2RA

eg Famotidine 40mg od

for 1 month

**Good response**

Stop or step down to lowest effective dose

**Routine OGD**
(Any provider)

*Check H Pylori stool Ag test ahead of OGD if possible, but do not delay referral*

HP positive

Eradiation therapy

HP negative

Lansoprazole 30mg od or

Omeprazole 20mg od

for 1 month

**2ww OGD**

(via fast track pathway)

Lifestyle advice

and

H Pylori stool Ag test

**Indications for routine OGD**

(NICE NG12)

 ≥55yrs with dyspepsia

and any of:

- Treatment resistant symptoms

- Anaemia

- Raised platelet count

- Nausea or vomiting

**No alarm symptoms**

Under 55 years

**Indications for 2ww OGD**

(NICE NG12)

A. Dysphagia

B. Aged ≥55yrs with weight loss and any of the following:

 - Upper abdominal pain
 - Reflux
 - Dyspepsia

**Dyspepsia**

Consider differential diagnosis including cardiac and biliary disease

Consider drug induced symptoms eg NSAIDs