

DYSPEPSIA

GSE-1 Protocol and Pathway – Gastroenterology Specialty (14/03/2011)

Patient Presenting Symptoms:

- Upper abdominal pain
- Loss of appetite
- Heartburn
- Feeling of fullness and bloating after meals
- Complaint of loss of weight
- Nausea and vomiting
- Inability to swallow (dysphasia)

GP Assessment / Examination

- Review medication for possible causes of dyspepsia, e.g., NSAID's, aspirin, steroids, calcium antagonists, nitrates and bisphosphonates
- Look for history of excessive alcohol abuse, smoking, excess weight gain
- Look for any palpable mass in epigastrium or right hypochondrium
- Look for jaundice
- History of previous gastric ulcer
- History of anxiety/stress
- History of dyspepsia in the past and H. Pylori eradication

Investigation

- Height, Weight and BMI
- Hb, FBC for iron deficiency
- LFT
- Ultrasound scan of upper abdomen
- Stool antigen for H. Pylori
- Note: A 2-week washout period following a generic PPI use is necessary before testing for H. Pylori with a stool antigen test
- CLO test

GORD

Treatment Plan

- Full dose generic PPI for 1-2 months
- If symptoms reoccur following initial treatment offer a PPI at the lowest dose possible to control symptoms, with a limited number of repeat dose prescriptions

No Response

Referral to Endoscopy

Gastric

H. Pylori Antigen (-ve)

H. Pylori Antigen (+ve)

Treatment Plan

- Eradication therapy

If symptoms reoccur after initial treatment

Age 55+

Younger person

Referral to endoscopy

Offer a PPI at the lowest dose possible to control symptoms with a limited number of repeat dose prescriptions

Gall bladder pathology

Referral to surgical unit

Red flag

ALARM FEATURES

- Acute GI bleeding
- Progressive unintentional weight loss
- Iron Deficiency Anaemia
- Dysphagia
- Persistent vomiting
- Epigastric Mass

URGENT 2-WW Referral to Secondary Care

Red flag

Key

Patient presents

GP level intervention

GPwSI level intervention

Alternative Outpatient Service

Acute hospital

Red flag