

Pathway:	Upper GI Topic – Gastro Oesophageal Reflux Disease
Referral Criteria/Commissioning position:	
<p><i>Refer to secondary care for:</i></p> <ul style="list-style-type: none"> • weight loss (unintentional) • iron deficiency anaemia • vomiting – persistent • dysphagia • evidence of GI bleeding (blood loss from upper GI tract is a prokinetic agent so may be reflected in change in bowel habit and/or stool colour change) • epigastric mass • patients aged over 55 with unexplained, persistent and recent onset dyspepsia <ul style="list-style-type: none"> ○ unexplained: no obvious reason found in the history of dyspepsia ○ persistent: continuation of symptoms/signs beyond that would normally be associated with self-limiting problems (usually regarded as 4-6 weeks) ○ recent: new onset and not recurrent symptoms <p><i>Risk factors for cancers: in addition to the red flags above, a lower threshold for referral is suggested in those with a history of Barrett's oesophagus, pernicious anaemia, intestinal dysplasia, peptic ulcer surgery or a family history of upper GI cancer.</i></p> <p>Investigations prior to referral</p> <ul style="list-style-type: none"> • FBC, U&E, LFTs • USS if history suggestive of biliary/pancreatic involvement 	
Information to include in referral letter:	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • Treatments and interventions tried including the results • Drug history (prescribed and non-prescribed) • Relevant past medical/surgical history • Current regular medication • BMI • Smoking status • Alcohol consumption 	
References & Additional information:	
<p>Patient Information Leaflets/ PDAs</p> <p>To view the Dyspepsia Non-Ulcer Patient Information leaflet, please click here</p> <p>To view the Indigestion Patient Information leaflet, please click here</p> <p>To view the Helicobacter Pylori and Stomach Pain, please click here</p> <p>References:</p> <ol style="list-style-type: none"> 1. NICE. Dyspepsia: Management of dyspepsia in adults in primary care. London: NICE 2004 2. Gillen D, McColl KE. Does concern about missing malignancy justify endoscopy in uncomplicated dyspepsia in patient aged less than 55? Am J. Gastroenterol. 1999;94, 75-9 3. BMJ. 10 minute consultation – Dyspepsia, 2011; 343: 6234. <p>For the full SRCCG commissioning policy please click here</p>	

CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017