
REFERRAL FOR DYSPEPSIA / GASTROESOPHAGEAL REFLUX TO A SPECIALIST IN GASTROENTEROLOGY

Patients with dyspepsia or gastro-oesophageal reflux can be managed in primary care with a 4-week course of a Proton Pump Inhibitor and testing for H-pylori (before or after treatment course). Further investigations could include faecal occult blood, FBC and iron studies and platelet count with liver function tests.

Indications for referral include:

A. IMMEDIATE REFERRAL TO A&E

- Gastrointestinal bleeding

B. EMERGENCY REFERRAL TO A SPECIALIST

- Dysphagia.
- Unintentional weight loss with or without upper abdominal pain.
- Palpable mass in the abdomen.
- Recurrent vomiting.
- Upper abdominal pain with low haemoglobin levels.
- Age >55 with new onset of dyspepsia resistant to treatment.
- Raised platelet count with any of the following: nausea, vomiting, weight loss, reflux, dyspepsia, or upper abdominal pain.
- Unexplained iron deficiency anaemia in postmenopausal women or men of any age.

C. ROUTINE REFERRAL TO A SPECIALIST

- Treatment resistant dyspepsia.
- Unexplained symptoms.
- With suspected GORD where surgery is considered.
- With treatment resistant H-pylori (at least 2 courses of triple therapy).
- Suspected Barrett's oesophagus or monitoring of known Barrett's oesophagus.

Source:

1. NICE (June 2014). Dyspepsia and GORD. Investigation and management of dyspepsia symptoms suggestive of GORD or both.
2. NICE (June 2015). Referral guidelines for suspected cancer.