

## Direct Access Upper GI endoscopy

Consider for patients who do not meet the criteria for upper GI 2ww referral (see here) and meet the following criteria:

1. Meet NICE non-urgent criteria to exclude cancer (ensure patients do not otherwise meet full 2ww guidance)
2. Treatment failure (see below) in reflux (2.1) or dyspepsia (2.2) any age
3. Other indications

NB: If patient has had a previous endoscopy in the last 3-5 years with non-reflux symptoms, no new pattern of symptoms and no new alarm signs then base management on previous endoscopic findings and consider H pylori testing

### 1. NICE non-urgent criteria to exclude cancer

Haematemesis

People **aged 55 or over** with:

- treatment-resistant dyspepsia (see 2) **OR**
- upper abdominal pain\*\* with low haemoglobin levels **OR**
- raised platelet count with any of the following:
  - nausea
  - vomiting
  - weight loss\*
  - reflux
  - dyspepsia
  - upper abdominal pain\*\*, **OR**
- nausea or vomiting with any of the following:
  - weight loss\*
  - reflux
  - dyspepsia
  - upper abdominal pain\*\*

### 2.1 Reflux symptoms

Lifestyle advice  
Offer full dose of PPI for 4-8 weeks

If symptoms recur after initial treatments, use lowest dose possible of PPI  
Offer H2RA therapy if inadequate response to PPI

If response adequate no need for endoscopy. Proceed to open access upper GI endoscopy only if inadequate response

### 2.2 Non Reflux/dyspepsia symptoms

Lifestyle advice, review medication e.g. NSAID. Offer one of :

**H Pylori Testing:**  
Use stool antigen test  
Leave a 2 week washout period after PPI

or  
1 month trial of PPI

H pylori positive and symptomatic

Eradication therapy – see NICE/CKS/BNF

Still symptomatic - retest with stool antigen test (ideally 4-8 weeks post-treatment)

Second line therapy – see NICE/CKS/BNF. Aim to use antibiotics patient not previously exposed to

H pylori not known or negative but still symptomatic

Empirical full dose PPI for 4 weeks **OR**  
If H.Pylori not yet tested and trial of PPI unsuccessful, test for H.Pylori

### 3. Other indications

#### Urgent +/- OPA:

- Persistent vomiting
- Previous complicated ulcer
- Previous gastric ulcer
- Continuing need for NSAIDS

#### Routine

- IDA if does not meet 2ww criteria
- Suspected malabsorption

#### Notes

\*weight loss in over 55 with reflux or dyspepsia or upper abdo pain = 2ww referral

\*\*Upper abdominal pain in absence of weight loss may require routine abdominal imaging (U/S) and/or upper GI endoscopy if persistent and unexplained.