

GERD (Gastro-Esophageal Reflux Disease) (EGD-1.2)

Current established criteria for use of EGD:

- Failure of treatment with PPI daily for 8 weeks or PPI twice a day for 4 weeks or a return of symptoms after provider directed treatment. It would be unnecessary to perform an EGD when symptoms have resolved after a course of treatment.
- With Red Flags of dysphagia odynophagia, unintentional weight loss >5 % within past 6-12 months, hematemesis, GI bleeding, iron deficiency anemia, EGD should be performed immediately in order to not delay care.
- Persistent vomiting for at least 7 days which is unexplained would warrant an EGD.
- Abnormal findings on imaging studies would warrant an EGD for further evaluation.
- One time repeat EGD to ensure healing and to take biopsies to rule out Barrett's esophagus, after erosive esophagitis (LA class B or higher) after 8- 12 weeks of PPI treatment. This is necessary to rule out or establish diagnosis of Barrett's as this is important for future surveillance.
- Patients who are PPI dependent and are being considered for surgical or endoscopic anti reflux procedures would need an EGD preoperatively to assess anatomy and rule out other organic disease. Also, patients who have recurrent symptoms after anti reflux procedures would need an EGD to rule out any complications that arise due to the anti reflux procedure.
- One time EGD can be considered in patients with functional symptoms in order to rule out organic disease.
- Placement of wireless pH monitoring is an indication for EGD as some patients have persistent symptoms despite treatment and pH monitoring may be necessary to prove the patient does indeed have reflux.

References

1. Venables TL, Newland RD, Patel AC, Hole J, Wilcock C, Turbitt ML. Omeprazole 10 milligrams once daily, omeprazole 20 milligrams once daily, or ranitidine 150 milligrams twice daily, evaluated as initial therapy for the relief of symptoms of gastro-oesophageal reflux disease in general practice. *Scand J Gastroenterol.* 1997 Oct;32(10):965-73. doi: 10.3109/00365529709011211. PMID: 9361167.
2. Katz PO, Dunbar KB, Schnoll-Sussman FH, Greer KB, Yadlapati R, Spechler SJ. ACG clinical guideline for the diagnosis and management of gastroesophageal reflux disease. *Am J Gastroenterol.* 2022;117(1):27-56.doi:10.14309/ajg.0000000000001538.

3. Shaheen N, Weinberg D, Denberg T, Chou R, Amir Q, Shekelle P. Upper endoscopy for gastroesophageal reflux disease: best practice advice from the Clinical Guidelines Committee of the American College of Physicians
4. Kahrilas, PJ, Altman KW, Chang AB, et.al. Chronic Cough due to gastroesophageal reflux in adults: CHEST guideline and expert panel report. Chest. 2016;150(6):1341-60. doi:10.1016/j.chest.2016.08.1458.
5. Chotiprashidi P, Liu J, Carpenter S, et al. ASGE Technology Status Evaluation Report: wireless esophageal pH monitoring system. Gastrointest Endosc. 2005; 62: 485-487
6. National Institute for Health and Care Excellence (NICE). Gastroesophageal reflux disease and dyspepsia in adults: investigation and management (CG184). 2019. www.nice.org.uk/guidance/CG184.