

General and Therapeutic EGD (EGD-1.7)

Upper gastrointestinal endoscopy (EGD) is a useful tool for the clinical evaluation of numerous disorders in the upper GI tract. The ASGE states that “EGD affords an excellent view of mucosal surfaces of the esophagus, stomach, and proximal duodenum. Direct examination of the mucosal surface provides far greater information than that gained by 2-dimensions scans and x-rays”.

Indications for its use include evaluation of dysphagia, odynophagia, persistent vomiting, GI bleeding, etc.

EGD is also useful for evaluation of diseases in which the presence of UGI pathology would modify other planned management, such as persons with a history of ulcer disease scheduled for organ transplantation, anticipation of long-term anticoagulation, or NSAID therapy.

EGD also facilitates the removal of foreign bodies, food bolus, and tissue samples for biopsy. Additionally, it facilitates the treatment of lesions, placement of feeding tubes, and management of stenosis.

EGD is not indicated to evaluate radiologic findings for asymptomatic or uncomplicated sliding hiatal hernia, uncomplicated duodenal ulcer that has responded to therapy, or deformed duodenal bulb when symptoms are absent or respond to therapy.

The uses of EGD as outlined in the guidelines are supported by the ASGE as general indications for EGD. The ASGE states that EGD is “generally not indicated when the results will not contribute to a management choice or for periodic follow-up of healed benign disease unless surveillance of a premalignant condition is warranted”.