2ww gastroscopy for:
Dysphagia
OR
New onset dypepsia <6 months
AND
Age >55
AND
• Unexplained weight loss
• Anaemia

Lifestyle modification:
• Adapt diet
• Stop smoking
• Review medications
• Aim for BMI 20-25
• Stress management

Possible biliary cause?
Consider USS abdomen
Possible cardiac cause?
Consider cardiology Ix
Any recent bloods?
Consider FBC, U&E, LFT, TTG, ferritin

Check H. Pylori

Vomiting
Heartburn and acid brash (food coming back up)
Possible gastroparesis (DM, scleroderma)
May benefit from pH manometry etc.

Trial of PPI: eg. omeprazole 20mg BD for four weeks – then review

No response to PPI

Titrate to minimum dose which controls symptoms (PRN use if possible). If breakthrough symptoms take extra PPI

After 5 years consider one-off community endoscopy

Possible response to PPI

No further action required

Respons e

Direct Access Endoscopy

Pathology

Normal endoscopy

FUNCTIONAL DYSPEPSIA
See attached information leaflet (for GP and patient)

No response

Consider secondary care referral if:
Vomiting
Heartburn and acid brash (food coming back up)
Possible gastroparesis (DM, scleroderma)
May benefit from pH manometry etc.