

# EGD - General Surgery

## Indications

- Symptoms of GERD plus warning signs (Dysphasia, weight loss, bleeding)**
- Symptoms of GERD is being maintained on chronic meds, > 40 and has never had an EGD**
- Symptoms of GERD** that has failed maximum medical management (Aciphex 20 mg BID and Zantac 300 mg Q HS)
- Symptoms of Dysphasia**
- Hx of Barrett Esophagitis and no EGD in the last 2 years**
- Iron deficiency anemia** ( describe anemia)
- Abnormal Ba swallow** showing a filling defect or otherwise consistent with cancer

**Call the surgeon on call for referrals for indications other than listed above**

## Pertinent History (Please document in referral to surgery)

Patient is a candidate for conscious sedation	YES	NO
Patent is not on anticoagulants, (NSAI) and Plavex should be stopped 14 days prior to procedure)	YES	NO
Patient desires procedure in the next 4 weeks	YES	NO

**If any of the above are NO call the surgeon on Please call to discuss case**

## Patient information

- Patients will be scheduled for a clinic evaluation with the surgeon
- An EGD will usually be scheduled at a later date at the clinic visit
- Other testing if indicated will also be scheduled at a later date
- The patient should not come NPO to the first clinic appointment

## Provider information

- **Symptoms of GERD**
  - Heartburn with meals in retro sternal location
  - Regurgitation of meals, worsened with bending or lying down
  - Symptoms are relieved with antacids, H2 blockers or PPI (it is unusual for true GERD not to respond somewhat to medical management and the diagnosis should be questioned)
  - Dyspepsia is not equivalent to GERD
- Lifestyle modification should be tried on all patients
- Erosive esophagitis should be treated with maximum medical management and should have a F/U EGD to re-evaluate the patient for resolution of erosive changes