

# Gastroenterology

## Upper and Lower Endoscopy

### National Access Criteria for First Assessment (ACA) Bay of Plenty Variation (March 2010)

Category	Criteria	Examples (not an exhaustive list)	Recommendation
<b>Immediate Assessment</b>  (Requires admission to an acute facility as soon as possible)	<ul style="list-style-type: none"> <li>• Acute lower gastrointestinal haemorrhage</li> <li>• Change in bowel habit</li> <li>• Upper gastrointestinal haemorrhage</li> <li>• Foreign Body</li> </ul>	<i>Colonoscopy</i> <ul style="list-style-type: none"> <li>• Continuous haemorrhage / unstable / &gt; 4 units of blood or stable / requiring blood transfusion</li> <li>• Pseudo obstruction</li> </ul> <i>Gastroscopy</i> <ul style="list-style-type: none"> <li>• Upper GI haemorrhage – continuous or early re-bleeding/unstable, or &gt;65 yrs and on NSAID, or chronic liver disease, or stable. haemoglobin &lt;100g/L or stable. minor episode</li> <li>• Foreign Body</li> <li>• Dysphagia, food bolus obstruction</li> </ul>	Refer to Hospital for admission
<b>1 – Urgent</b>	<ul style="list-style-type: none"> <li>• Acute lower gastrointestinal haemorrhage</li> <li>• Abnormal barium enema</li> <li>• Upper gastrointestinal haemorrhage</li> <li>• Dysphagia</li> </ul>	<i>Colonoscopy</i> <ul style="list-style-type: none"> <li>• Acute lower GI bleed stable/not requiring blood transfusion</li> <li>• Abnormal barium enema, suspected cancer/polyp &gt;2cm</li> </ul> <i>Gastroscopy</i> <ul style="list-style-type: none"> <li>• Upper gastrointestinal haemorrhage, &gt; 65 yrs and on NSAID</li> <li>• Dysphagia: &lt; 3 months, progressive</li> </ul>	Refer for Assessment

<p><b>2 A – Semi Urgent</b></p>	<ul style="list-style-type: none"> <li>• Chronic rectal bleeding</li> <li>• Change of bowel habit</li> <li>• Dysphagia</li> <li>• Dyspepsia</li> </ul>	<p><i>Colonoscopy</i></p> <ul style="list-style-type: none"> <li>• Chronic rectal bleeding, altered bowel habit/‘alarm’ symptoms/ &gt; 50 yrs with ‘alarm’ symptoms</li> <li>• Iron deficient anaemia with no leading GI symptoms</li> <li>• Diarrhoea / suspected IBD</li> <li>• Change in bowel habit, recent onset / with ‘alarm’ symptoms</li> <li>• Positive Coeliac serology</li> <li>• 1-2 cm polyps</li> </ul> <p><i>Gastroscopy</i></p> <ul style="list-style-type: none"> <li>• Dysphagia - &lt; 3 months, stable, &gt; 3 months stable, longstanding, intermittent</li> <li>• Dyspepsia &gt; 50 yrs with ‘alarm’ symptoms</li> </ul>	<p>Refer for Assessment</p>
<p><b>2B – Semi Urgent</b></p>	<ul style="list-style-type: none"> <li>• Chronic rectal bleeding</li> <li>• Iron deficient anaemia</li> <li>• Abnormal barium enema</li> <li>• Change of bowel habit</li> <li>• Dyspepsia / heartburn</li> </ul>	<p><i>Colonoscopy</i></p> <ul style="list-style-type: none"> <li>• Chronic rectal bleeding, with no change in bowel habit or ‘alarm’ symptoms</li> <li>• Altered bowel habit / no ‘alarm’ symptoms</li> <li>• Change in bowel habit, without ‘alarm’ symptoms/recent onset</li> </ul> <p><i>Gastroscopy</i></p> <ul style="list-style-type: none"> <li>• Dyspepsia, with no ‘alarm’ symptoms</li> </ul>	<p>Refer for Assessment</p> <p><i>However suggest <u>Barium studies</u> if patients can not be seen.</i></p> <p><i>For diarrhoea, recommend faecal calprotectin, CRP, Stoll MC&amp;S</i></p>
<p><b>3 – Routine</b></p>	<ul style="list-style-type: none"> <li>• Chronic rectal bleeding</li> <li>• Diarrhoea / suspected IBD</li> <li>• Surveillance</li> </ul>	<p><i>Colonoscopy</i></p> <ul style="list-style-type: none"> <li>• Surveillance – personal or family history of colon cancer, ulcerative colitis as per NZ guidelines</li> </ul> <p><i>Gastroscopy</i></p> <ul style="list-style-type: none"> <li>• Surveillance – Barrett’s (as directed by Gastroenterologist)</li> <li>• Functional GI disorders</li> </ul>	<p>As per recommendation of Gastroenterologist</p>