



Unnecessary oesophagogastroduodenoscopy (OGD) of patients with dyspepsia and no alarming signs in Endoscopy unit of University Hospital Waterford

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INTRODUCTION

Dyspepsia management is a challenge for clinicians as underlying pathology varies from life threatening to benign. According to NICE guidelines¹ UGI endoscopic examination is recommended when patients with dyspepsia present with alarming signs. There is a Rapid Access Dyspepsia Clinic at University Hospital Waterford for assessment of dyspepsia patients and no alarming signs.

AIM

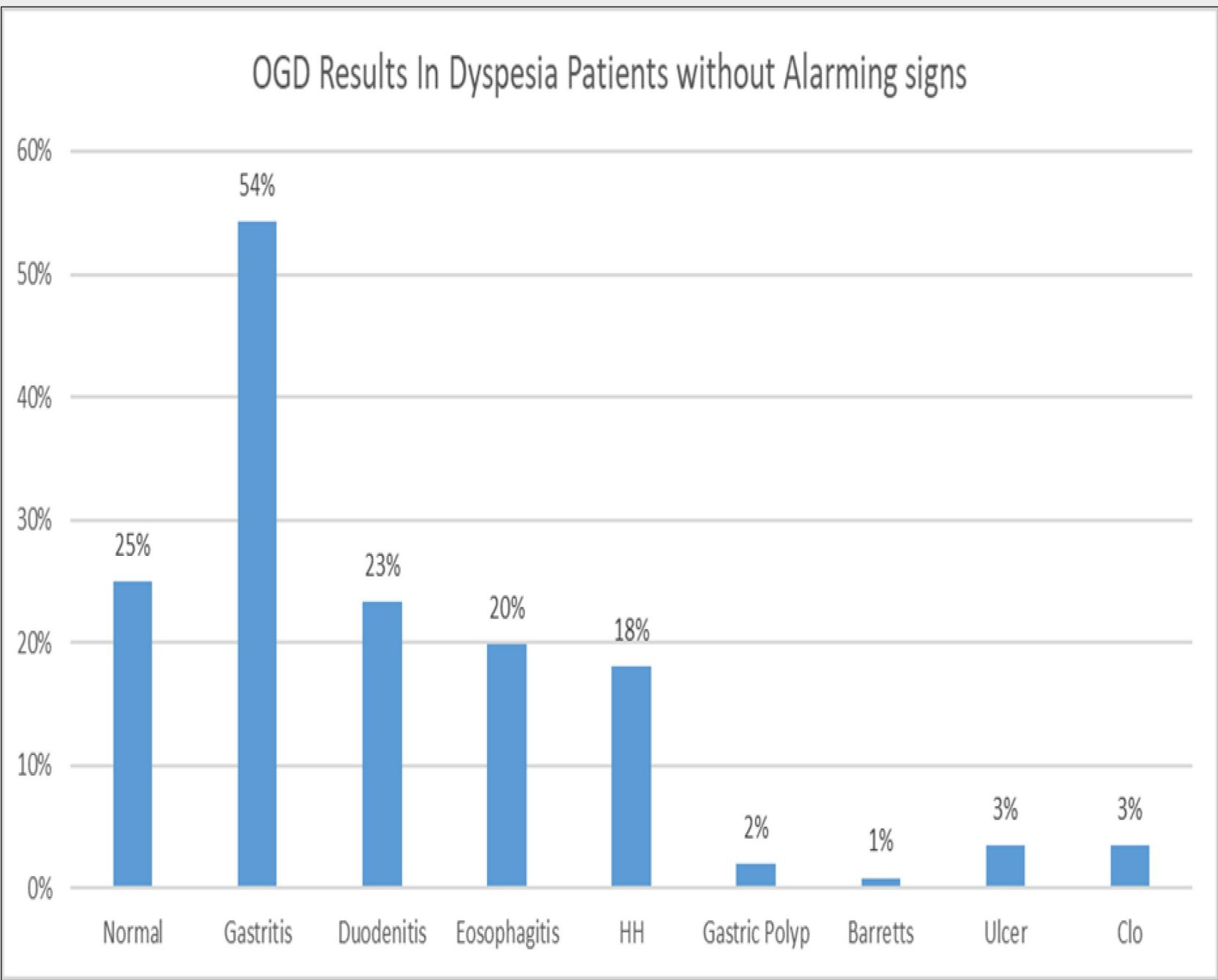
Dyspepsia without alarming signs is a frequent referral for Oesophagogastroscopy(OGD) in Endoscopy unit at University Hospital Waterford, our aim is to see the appropriateness of referrals with NICE guidelines in order the reduce the number of OGDs in this group of patients.

METHODS

A retrospective data of OGDS performed during one-year 2018 was obtained, it included all patients of dyspepsia and no alarming signs, age less than 45 years, sex, and OGD results

RESULTS

A total number of 120 patients of dyspepsia and alarming signs had OGD done in our endoscopy unit in one-year 2018. There were 44 men and 76 women, and their ages ranged between 20 to 45 years (median age=35).
Out of 120 patients 30 patients (25%) of patient had normal OGD ,64(54%) had gastritis,27 (23%) had duodenitis,24 (20%) has esophagitis,21 (18%) had Hiatus hernia,2 (2%) had gastric polyp,4(3%) had ulcer,4 (3%) had CLO positive,1 (1%) had Barret’s oesophagus. Surgical teams performed a total of 103 OGD and remaining 17 were done by gastroenterology team. None of these patients were referred to ‘Rapid Access Dyspepsia Clinic’ for assessment before getting OGD.



CONCLUSIONS

It is evident that patients went through invasive procedure without any indication and it could be prevented by referring these patients to the Rapid Access Dyspepsia Clinic at University Hospital Waterford. Endoscopy unit dealt with inappropriate referrals subsequently delaying the OGDS for patient who really needed it.In order to improve the quality of Endoscopy Unit, an audit report will be shared with the manager of the facility ,clinical lead and will be presented at Grand round/clinical meeting. A re-audit will be done in six month’s time to complete the audit cycle.