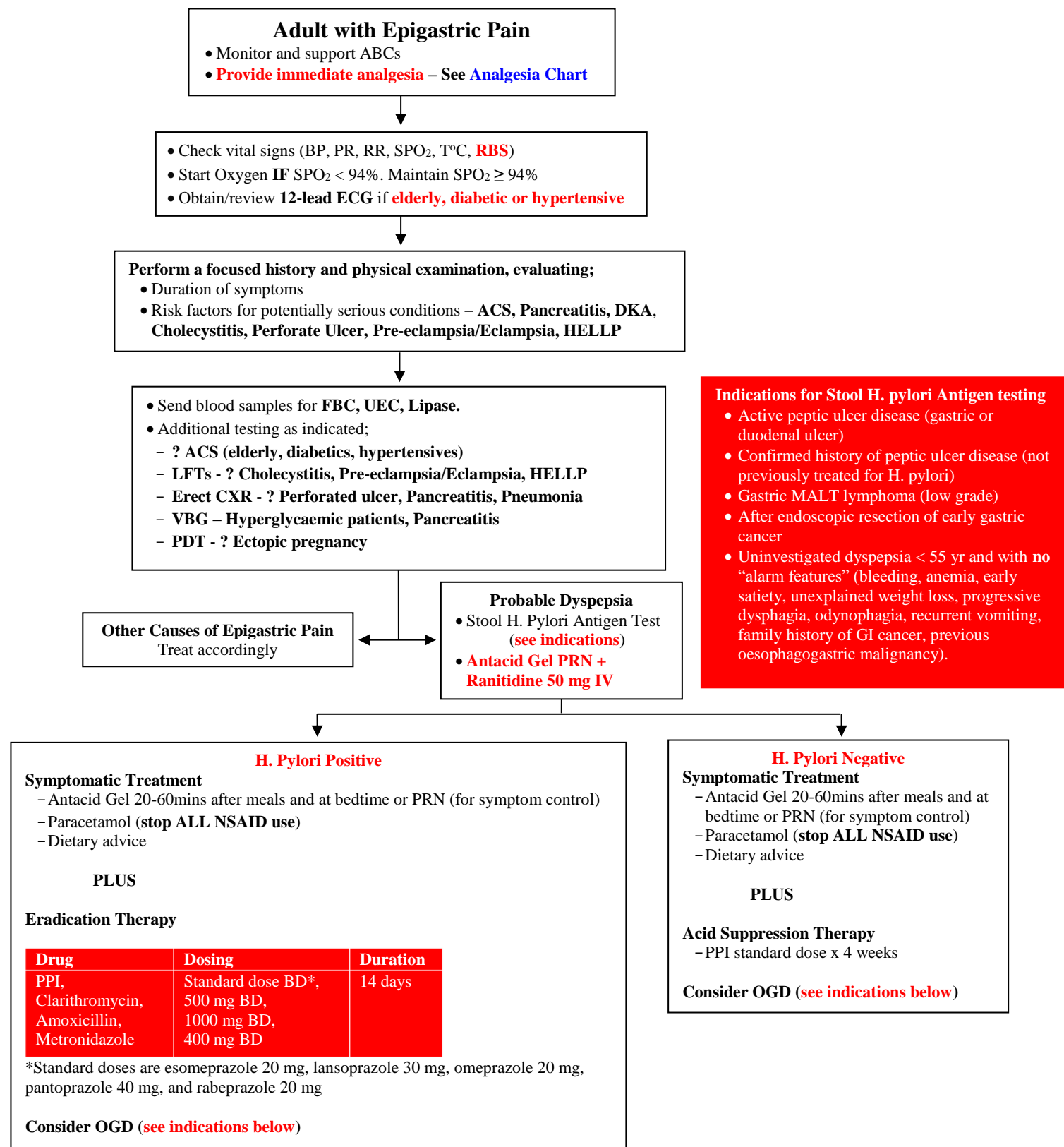


34. Epigastric Pain Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.



Indications for Stool H. pylori Antigen testing

- Active peptic ulcer disease (gastric or duodenal ulcer)
- Confirmed history of peptic ulcer disease (not previously treated for H. pylori)
- Gastric MALT lymphoma (low grade)
- After endoscopic resection of early gastric cancer
- Uninvestigated dyspepsia < 55 yr and with **no** “alarm features” (bleeding, anemia, early satiety, unexplained weight loss, progressive dysphagia, odynophagia, recurrent vomiting, family history of GI cancer, previous oesophagogastric malignancy).

Indications for Oesophagogastroduodenoscopy (OGD)

- age > 55 yr
- bleeding,
- anaemia,
- early satiety,
- unexplained weight loss (>10% body weight),
- progressive dysphagia,
- odynophagia,
- persistent vomiting,
- a family history of gastrointestinal cancer,
- previous oesophagogastric malignancy,
- previous documented peptic ulcer,
- lymphadenopathy,
- an abdominal mass