



UPDATED 2024 38CFR:

Gastroesophageal Reflux Disease (GERD) - Diagnostic Code (DC) 7206:

80%: Documented history of recurrent or refractory esophageal stricture(s) causing dysphagia with at least one of the symptoms present: (1) aspiration, (2) undernutrition, and/or (3) **substantial weight loss** as defined by § 4.112(a) and treatment with either surgical correction of esophageal stricture(s) or percutaneous esophago-gastrointestinal tube (PEG tube).

50%: Documented history of recurrent or refractory esophageal stricture(s) causing dysphagia which requires at least one of the following (1) dilatation 3 or more times per year, (2) dilatation using steroids at least one time per year, or (3) esophageal stent placement.

30%: Documented history of recurrent esophageal stricture(s) causing dysphagia which requires dilatation no more than 2 times per year.

10%: Documented history of esophageal stricture(s) that requires daily medications to control dysphagia otherwise asymptomatic.

0%: Documented history without daily symptoms or requirement for daily medications.

substantial weight loss is defined as follows:

"Substantial weight loss means involuntary loss greater than 20% of an individual's baseline weight sustained for three months with diminished quality of self-care or work tasks."

This definition specifies that substantial weight loss is:



1. An involuntary loss of more than 20% of an individual's baseline weight.
2. Sustained for a period of three months.
3. Accompanied by a diminished quality of self-care or work tasks.

Definition for baseline weight in § 4.112(b):

"Baseline weight means the clinically documented average weight for the two-year period preceding the onset of illness or, if relevant, the weight recorded at the veteran's most recent discharge physical. If neither of these weights is available or currently relevant, then use ideal body weight as determined by either the Hamwi formula or Body Mass Index tables, whichever is most favorable to the veteran."

Personal Statement Template for Gastroesophageal Reflux Disease (GERD):

I am seeking service connection for Gastroesophageal Reflux Disease (GERD) that I believe is due to my military service. Since [insert approximate date], I have been experiencing persistent symptoms of GERD, which have led to the development of esophageal stricture.



My GERD symptoms include [list applicable symptoms, such as heartburn, regurgitation, difficulty swallowing, chest pain]. These symptoms have been ongoing and have progressively worsened over time.

As a result of my chronic GERD, I have developed esophageal stricture, which has been confirmed by [insert diagnostic methods, such as barium swallow, endoscopy, or CT scan]. My esophageal stricture has required [insert frequency and type of treatment, such as dilatation, stent placement, or surgery].

The impact of my GERD and esophageal stricture on my daily life has been significant. [Describe how the condition has affected your ability to eat, work, and engage in daily activities. For example: "I have had to modify my diet significantly to avoid triggering symptoms, which has led to weight loss and nutritional deficiencies. I have also experienced difficulty swallowing, which has made eating and drinking challenging and has led to embarrassing episodes of food getting stuck in my throat."]

I believe that my GERD and subsequent esophageal stricture are directly related to my military service, as [explain any relevant in-service events, exposures, or conditions that may have contributed to the development of GERD].



In conclusion, I respectfully request that service connection be granted for my Gastroesophageal Reflux Disease and associated esophageal stricture. The severity of my condition, as evidenced by the need for frequent interventions and the impact on my daily functioning, demonstrates the significant impairment caused by my GERD.