

UGI Tip Sheet

Why should we be cautious when ordering fluoroscopic studies?

The vast majority of the fluoroscopic cases, UGIs and the like, are truly resource depleters.

- They are time consuming for the patients, technicians, and radiologists.
- Involve considerable radiation:
- May not answer the clinical question with enough accuracy to end the workup.

UGI for Dyspepsia (chronic or recurrent pain/discomfort in upper abdomen)

Red flags: Progressive involuntary weight loss, progressive dysphagia, recurrent vomiting, palpable mass, bleeding/ iron deficiency anemia (in non-menstruating person).

- Consult GI if red flags present.

Treatment for dyspepsia (please see also GI dyspepsia tip sheet):

A careful detailed history is the key to manage dyspepsia. First exclude biliary pain, IBS, medication side effect, dietary sensitivities and lifestyle as causes.

In the absence of “**red flags**”, **chronic dyspepsia** is almost always functional.

Acute dyspepsia without red flags should begin with lifestyle changes, dyspepsia class where available, and medications where appropriate. If using acid-blockers, start with a high dose H₂B (famotidine 40mg BID). If symptoms do not improve for 6-8 wks and are not functional, refer to the local GI protocol or discuss with GI

Non-Indications for UGI:

- Age < 45-50 y.o. with dyspepsia and without red flags.
- GERD. This is a clinical diagnosis without the need for visualization, whether radiologic or endoscopic. Treat medically.

Indications for UGI:

- R/O mechanical obstruction. UGI is reasonable if chronic symptoms seem to be functional and the provider is confident that a normal UGI would indeed **end the work-up**. If a negative UGI would not be sufficient to end the work-up, the skip the UGI entirely and discuss with GI.
- Unsuccessful treatment of acute cases after 6-8 wks in age over 45-50 (refer first to local GI protocols) if UGI will end the workup.
- If endoscopy indicated but cannot be safely performed or completed.

Esophagram (Barium Swallow)

If **dysphagia** is the only symptom, esophagram can be ordered, not UGI (which includes the stomach and duodenum and is much more time consuming). Assessment of **swallowing dysfunction** (problem in the oropharynx) and evaluation of aspiration should be ordered as **modified barium swallow** in consultation with the Speech Pathology Department.

SBFT (Small Bowel Follow Through)

This very time consuming study should never be routinely added to UGIs. SBFTs should only be requested by specialists, not by generalists.

Indications:

- Evaluation of SBO seen as air-fluid levels on plain films.
- GI bleed after upper and lower sources have been excluded (a very low yield study).
- R/O Inflammatory bowel disease.
- Some cases of RLQ pain, fullness, and HIV disease.

○ **Reference:**

1. Gastroenterology 1998; 114: 579-81.
2. “Dyspepsia: managing dyspepsia in adults in primary care” 2004 ([http:// www.nelh.nhs.uk](http://www.nelh.nhs.uk))