

# Madigan Army Medical Center Referral Guidelines

## Ulcers by Upper GI

### Diagnosis/Definition

Any gastric or duodenal ulcer found by Upper GI series.

### Initial Diagnosis and Management

- Attempt to stop NSAIDs/Aspirin in all cases (consider Tylenol +/- codeine for analgesia; Cox-2 NSAID without concomitant aspirin).
- DUODENAL ULCER NOT RELATED TO NSAIDs: Give treatment to eradicate H. pylori (can assume patient has H. pylori) followed by 4 more weeks of bid PPI (Prilosec 20 mg po bid).
- BENIGN APEARING GASTRIC ULCER: Whether or not related to NSAIDs, initiate treatment with bid Prilosec (20 mg po bid), then refer for endoscopy to document healing (endoscopy will typically be done at the end of an eight week course of therapy).

### Ongoing Management and Objectives

- In patients that cannot stop NSAIDs/Aspirin that have a DU that is believed related to these (H pylori titer is negative), a PPI (Prilosec 20 mg po bid or Nexium 40 mg daily) can be continued to prevent NSAID related DUs.
- If it is a GU, misoprostol 200 mcg tid can be added as prophylaxis.
- Proton pump inhibitors (PPIs) will provide prophylaxis for both NSAID-related DU and GU but may not prevent the NSAID-related dyspepsia.
- Cox-2 NSAIDs cause less ulceration compared to regular NSAIDS however patients should be counseled on the cardiovascular risks of COX-2 inhibitors.
- At present, most patients treated for H. pylori do not need to have repeat testing done in an attempt to document eradication unless there are complications (bleeding, perforation, obstruction).

### Indications for Specialty Care Referral

- Gastric ulcer (GU) following 8 weeks of therapy.
- Iron deficiency anemia.
- Upper GI suggestive of malignancy by radiology report.
- Significant weight loss.
- Gastric ulcer > 2.5 cm.
- Ongoing acid peptic pain after completion of treatment course.
- Duodenal ulcers DO NOT need to be followed to document healing.

### Criteria for Return to Primary Care

Completed GI evaluation that outlines further care.

Last Review for this Guideline: **June 2011**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator