GASTROENTEROLOGY

GASTROINTESTINAL

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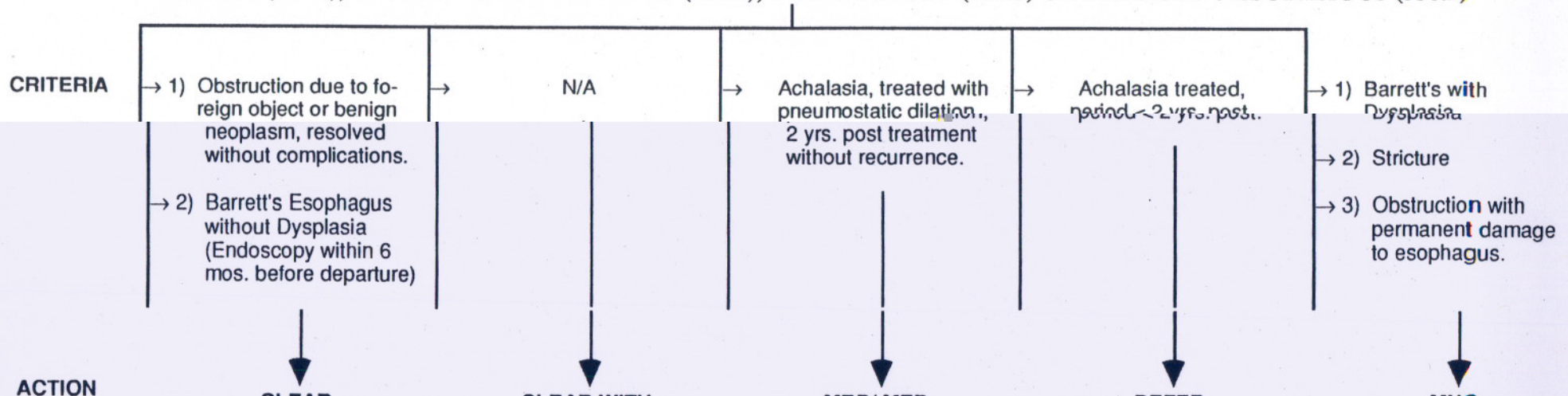
ACHALASIA (530.0), ESOPHAGEAL STRICTURE (530.3), OBSTRUCTION (530.3) OR BARRETT'S ESOPHAGUS (530.2)

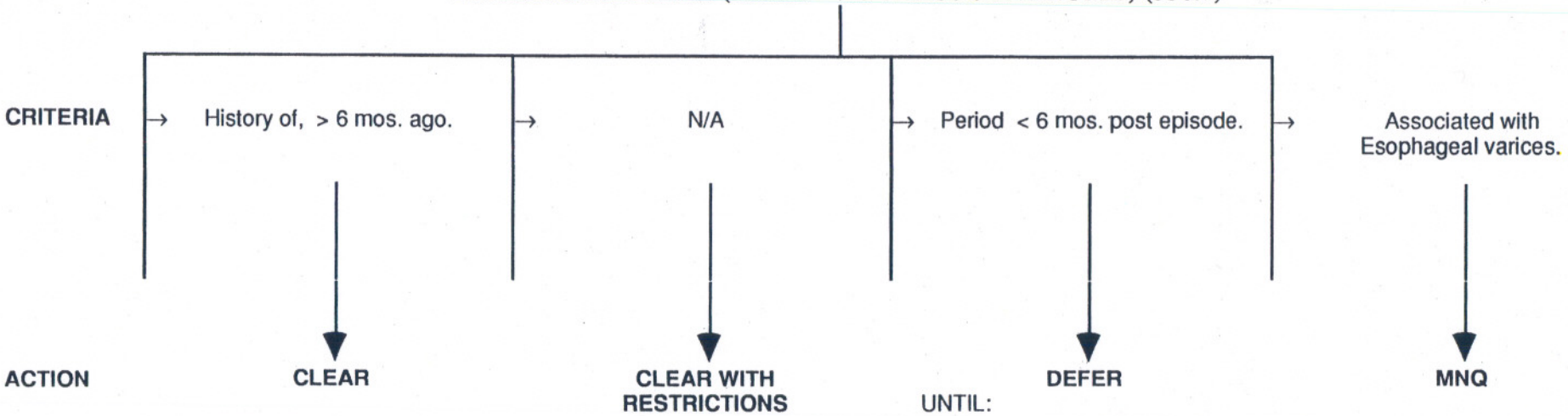


RESTRICTIONS/ DEFER	Endoscopy yearly with Gastroenterologist, if needed.			UNTIL: Two yrs. post treatment and asymptomatic	1) Barrett's Esophagus with Dysplasia is at high risk for developing CA. Requires close F/U. 2&3) Requires intensive medical regimen with repeated dilatation. Care not available in PCMU's.
RATIONALE	Barrett's Esophagus: Precancerous condition caused by chronic esophageal reflux. Incidence of CA is low (10%). Needs 1 - 2 yr. endoscopic exam.		Treated Achalasia, 2 yrs. post treatment is successful in 60 - 80% of people.		

MEDICAL INFORMATION NEEDED:
Generic information.
Gastroenterologist evaluation.
Endoscopy results for Barrett's Esophagus.

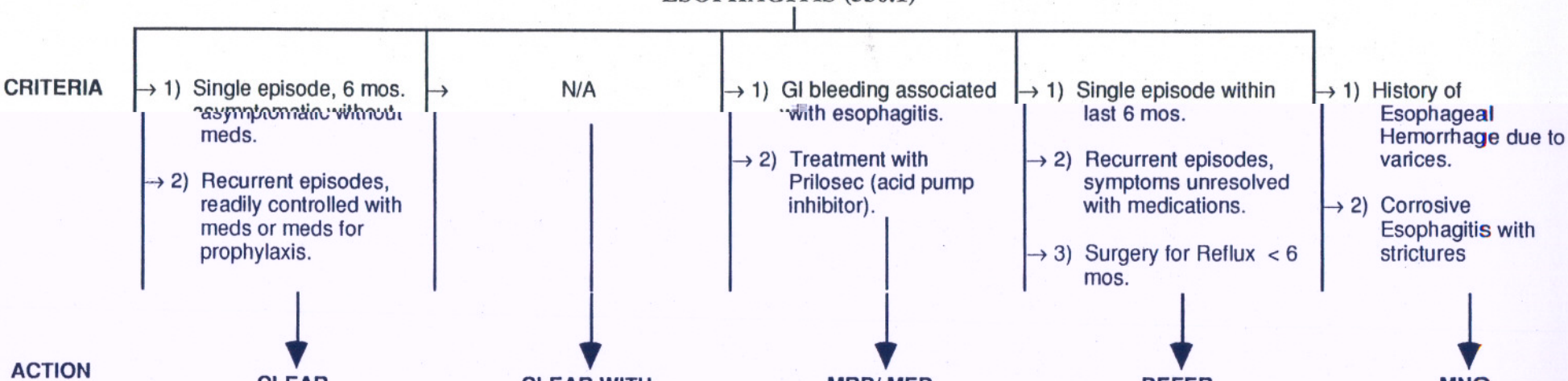
5/4/93

ESOPHAGEAL TEAR (MALL .Y-WEISS SYNDROME) (530.7)



MEDICAL INFORMATION NEEDED: Generic information

ESOPHAGITIS (530.1)



RESTRIC-TIONS/ DEFER

UNTIL:

1) Six months asympto-matic, off meds.
2) Six mos. controlled with meds. (continuous or intermittent)
3) Six mos. post surgery.

RATIONALE

98% of Esophagitis is caused by reflux by gastric contents into the esophagus.

Pill induced or trauma induced Esophagitis heals rapidly when the offending substance is removed or the medication is stopped.

Medications used are Zantac, Tagmet & Prilosec. They are very effective and safe, require no special lab. work. The patient usually stays on the medication for 6 mos. to life, first to cure the disease then prevent any recurrence.

Prilosec cannot b used continuously. Often is used for severe, refractory peptic conditions.

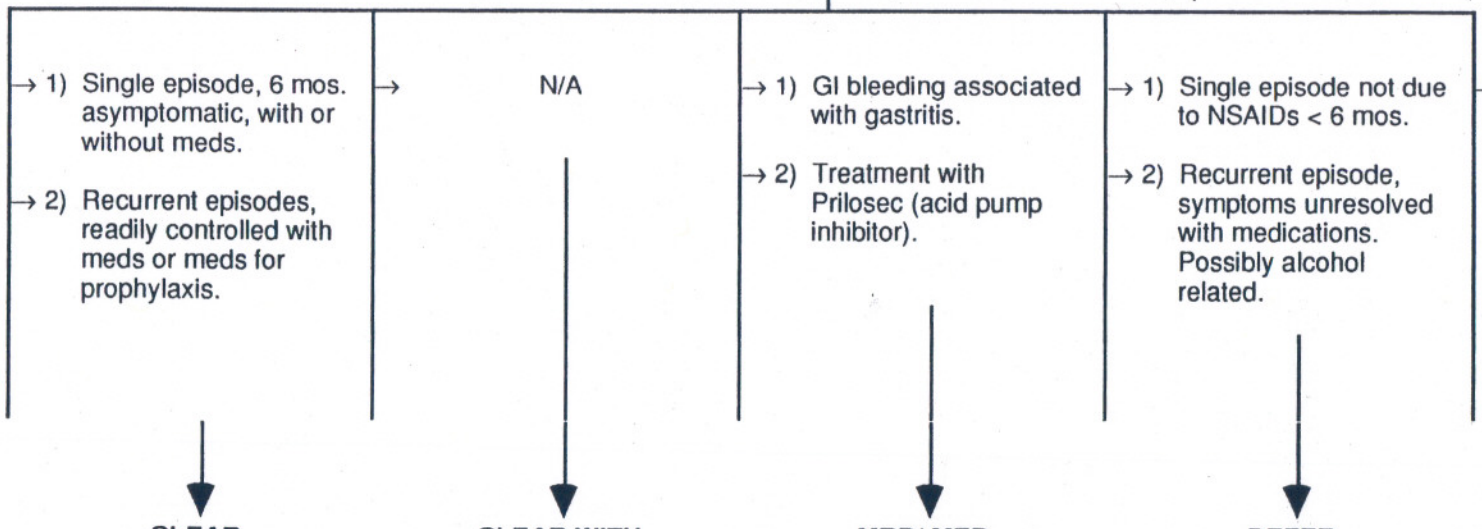
Appropriate medical care not available in PCMU's. At risk for severe exacerbation.

MEDICAL INFORMATION NEEDED:

Generic information
F/U needed next 3 yrs.; Diet restrictions;
Endoscopy, UGI results, if available.

5/4/93

GASTR...S (535.5)



RESTRIC-TIONS/ DEFER

UNTIL:

Six months asymptomatic, meeting clearance requirements.

RATIONALE

Avoid NSAIDs and aspirin in the future.

Meds. include Zantac, Tagamet, and Prilosec. They require no special F/U.

Prilosec cannot be used continuously. Often is used for severe, refractory peptic conditions.

MEDICAL INFORMATION NEEDED:

Generic information; F/U needed next 3 yrs.

Stool for occult blood X 3; Diet limitations.

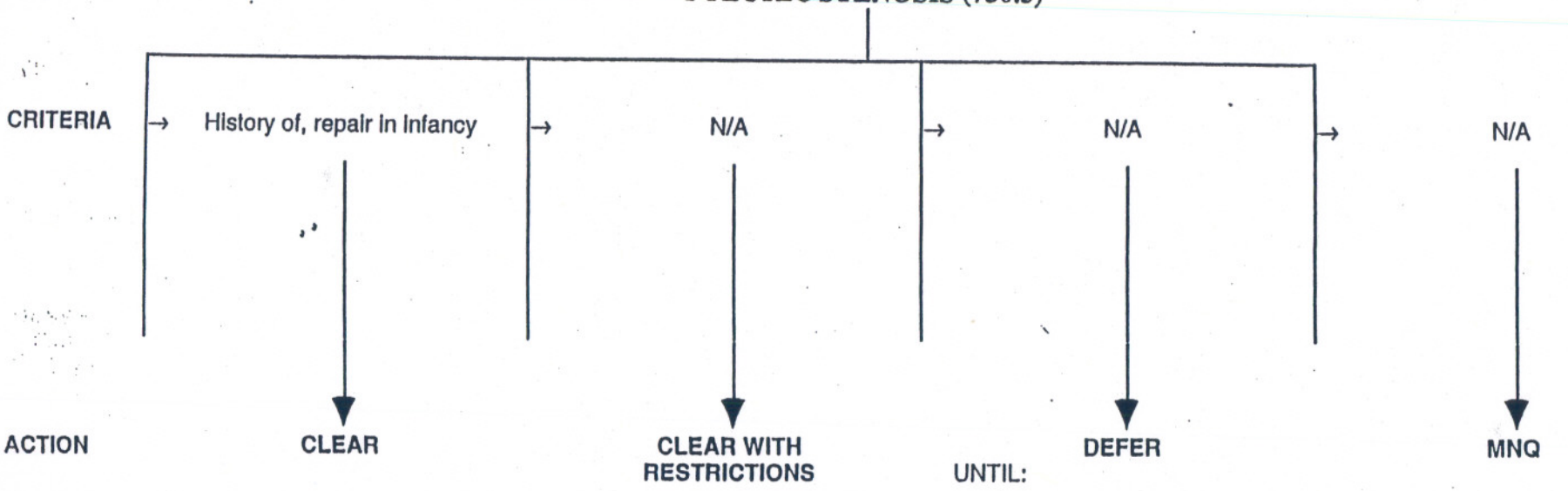
MED ADV
4/3[illegible]/97

PEPTIC ULCER DISEASE (PUD) (533), GASTRECTOMY (43.89)

CRITERIA	→ 1) Duodenal ulcer, resolved > 1 yr. on or off continuous meds.	→ N/A	→ 1) GI bleeding associated with peptic ulcer.	→ 1) Duodenal ulcer < 1 yr ago	→ 1) History of perforation or hemorrhage while on treatment.

[redacted]

PYLORIC STENOSIS (750.5)

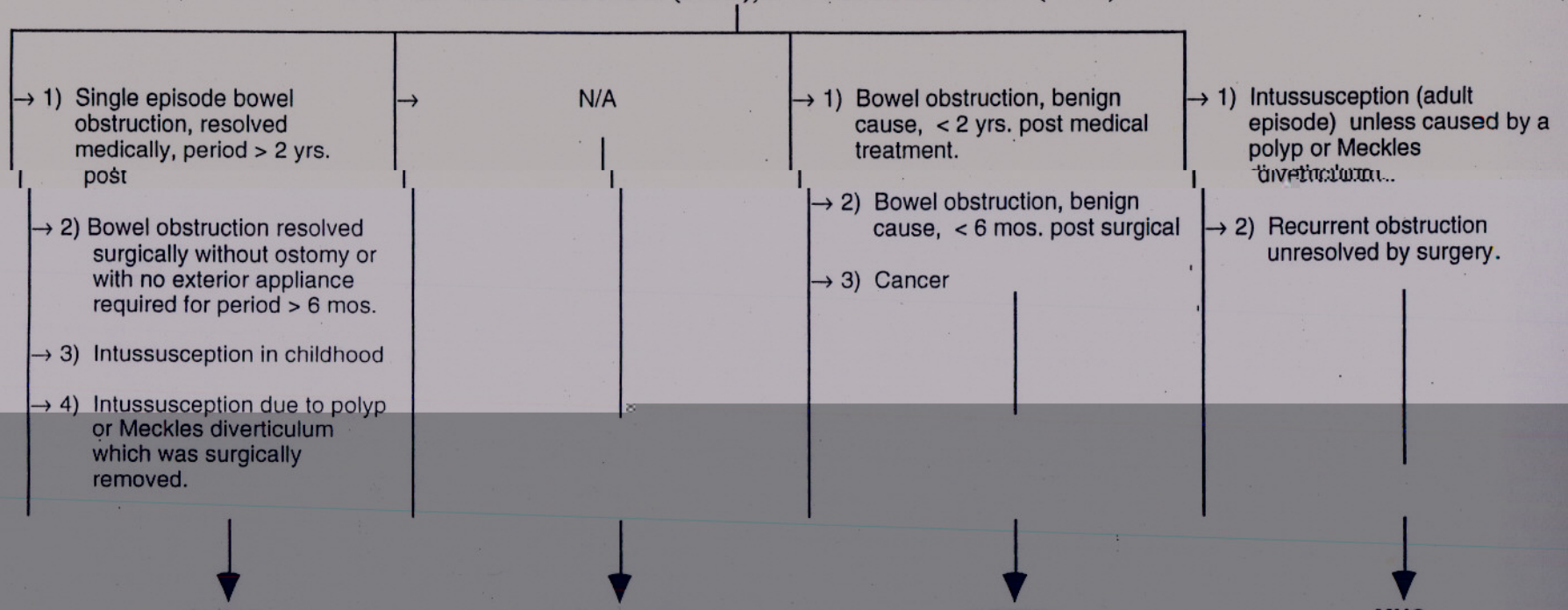


RESTRIC-
TIONS/
DEFER

RATIONALE

MEDICAL
INFORMATION
NEEDED:

BOWEL OBSTRUCTION (560.0), INTUSSUSCEPTION (560.0)



ACTION	**CLEAR**	**CLEAR WITH RESTRICTIONS**	**DEFER**	**MNQ**
RESTRICTIONS/ DEFER			UNTIL: 1) Five years post all treatment (incl. radiation and chemotherapy) and CA free. 2) Can meet clear criteria.	
RATIONALE	Bowel obstruction can be caused by simple mechanical obstructions. Adhesions, and strangulated hernia are the most common. Can also occur assoc. with malignant neoplasms.		1) Period > 2 yrs. no recurrence. 2) Period > 6 mos. no recurrence.	At high risk for relapse with diarrheal episodes that are frequent under Peace Corps conditions.

MEDICAL INFORMATION NEEDED: Generic information

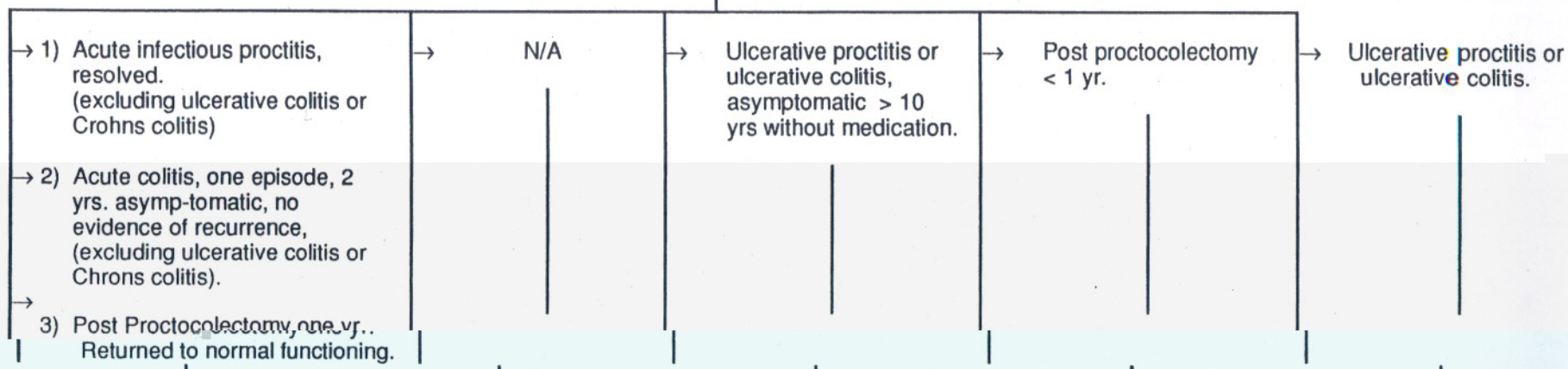
COLITIS, ULCERATIVE (556), PROCTITIS (569.49)

CRITERIA	CLEAR	CLEAR WITH RESTRICTIONS	MRB/ MED ADVISOR	DEFER	MNQ
	→ 1) Acute infectious proctitis, resolved. (excluding ulcerative colitis or Crohns colitis)	→ N/A	→ Ulcerative proctitis or ulcerative colitis, asymptomatic > 10 yrs without medication.	→ Post proctocolectomy < 1 yr.	→ Ulcerative proctitis or ulcerative colitis.
	→ 2) Acute colitis, one episode, 2 yrs. asymp-tomatic, no evidence of recurrence, (excluding ulcerative colitis or Chrons colitis).				
	→ 3) Post Proctocolectomy one yr. Returned to normal functioning.				
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	MRB/ MED ADVISOR	DEFER	MNQ
RESTRIC-TIONS/ DEFER				> 1 yr. See GI-14 for specific procedure	Pan-colon Disease: disease affects entire colon, with history of steroid therapy, indicates high risk for relapse.
RATIONALE	Proctocolectomy is total cure. In colitis, risk of developing colon CA increases 10% per yr. Requires yearly colono-scopy starting 10 yrs. post diagnosis.			10% of patients with ulcerative proctitis progress to colitis.	Complete remission in only 1[illegible]% of cases. Numerous complications occur: hemorrhage, toxic colitis, toxic megacolon, CA of colon, fistulas. However, disease can be well-controlled with proper treatment.

MEDICAL INFORMATION NEEDED: Generic information; Proctosigmoidoscopy results if done; Gastroenterologist evaluation for ulcerative colitis; extent of disease; F/U needed next 3 yrs.

10/25/93

COLITIS, ULCERATIVE (556), PR[illegible]TIS (569.49)



ACTION	**CLEAR**	**CLEAR WITH RESTRICTIONS**	**MRB/ MED ADVISOR**	**DEFER**	**MNQ**
RESTRIC-TIONS/ DEFER				> 1 yr. See GI-14 for specific procedure	Pan-colon Disease: disease affects entire colon, with history of steroid therapy, indicates high risk for relapse.
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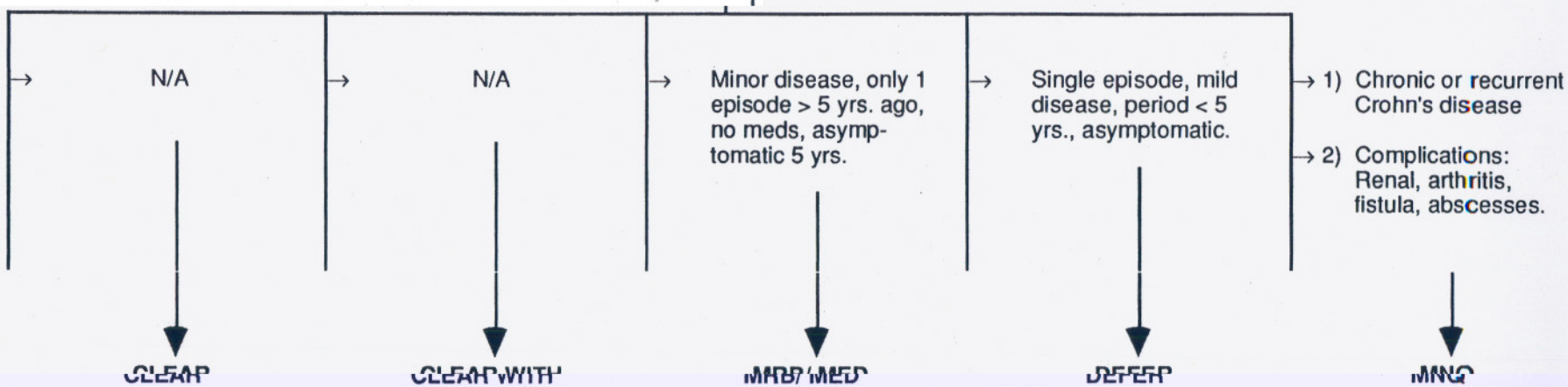
MEDICAL INFORMATION NEEDED: Generic information; Proctosigmoidoscopy results if done; Gastroenterologist evaluation for ulcerative colitis; extent of disease; [illegible] 3 yrs.

10/25/93

CROHN'S DISEASE (ILEITIS) (555.0)



RESTRICTIONS/ DEFER

UNTIL:

No recurrence > 5 yrs.

THEN:

MRB/MED Advisor

RATIONALE

Single incident sometimes caused by bacteria (Yersinia Enterocolitica). Then likely to have complete remission.

Crohn's Disease varies in severity. Individual GI evaluation required.

Surgery is not total cure. Additional surgery is sometimes required after 7 - 10 yrs. However, if asymptomatic after 5 yrs., risk for relapse lessens.

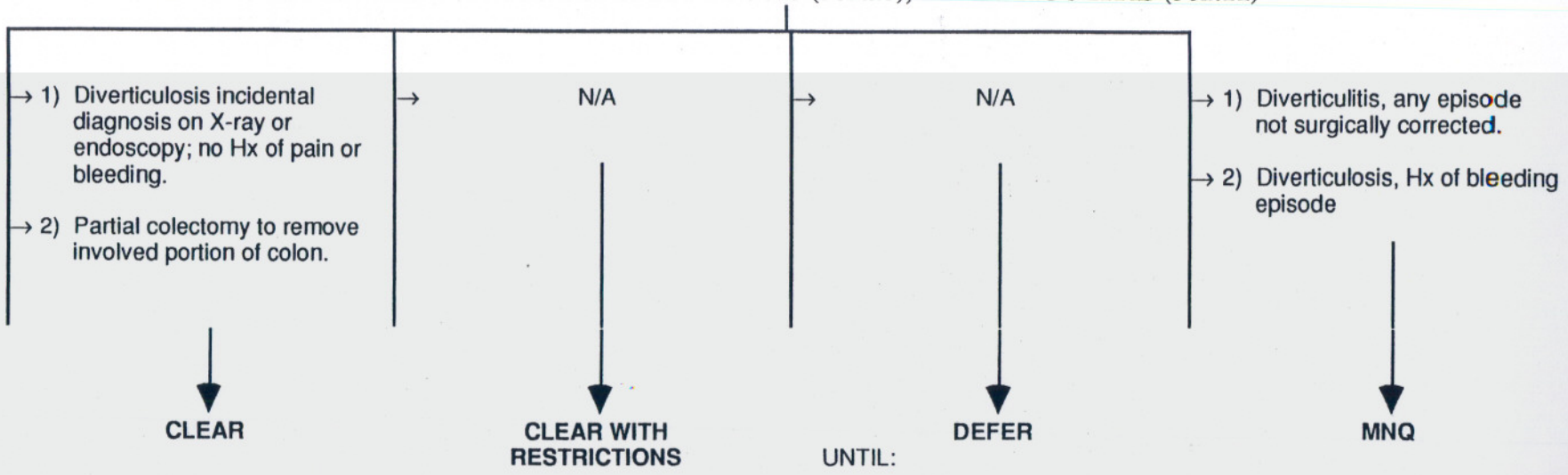
Disease likely to exacerbate and progress, placing PCV at risk for life threatening episode.

Unlike colitis, no proven therapy for prophylaxis exists.

MEDICAL INFORMATION NEEDED: Generic information

5/4/93

DIVERTICULAR DISEASE DIVERTIC_ _OSIS (562.10), DIVERTICULITIS (562.11)



C-

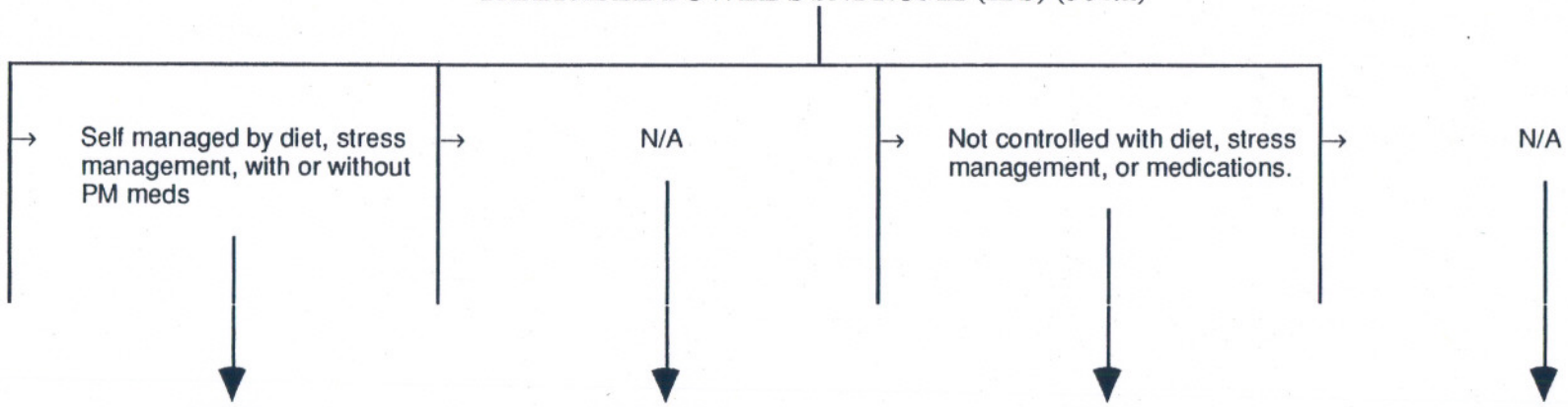
ALE 1) 30 - 40% of people > 50 y.o. have diverticula. The incidence increases by 10% with each decade of life.

Repeated episodes of diverticulitis have potential for perforation, abscess, obstruction, fistula formation. Places PCV at risk for life threatening event.

AL IATION D: Generic information

5/4/93

IRRITABLE BOWEL SYNDROME (IBS) (564.1)



RESTRICTIONS/ DEFER

UNTIL:

Self managed as per "Clear" criteria.

RATIONALE

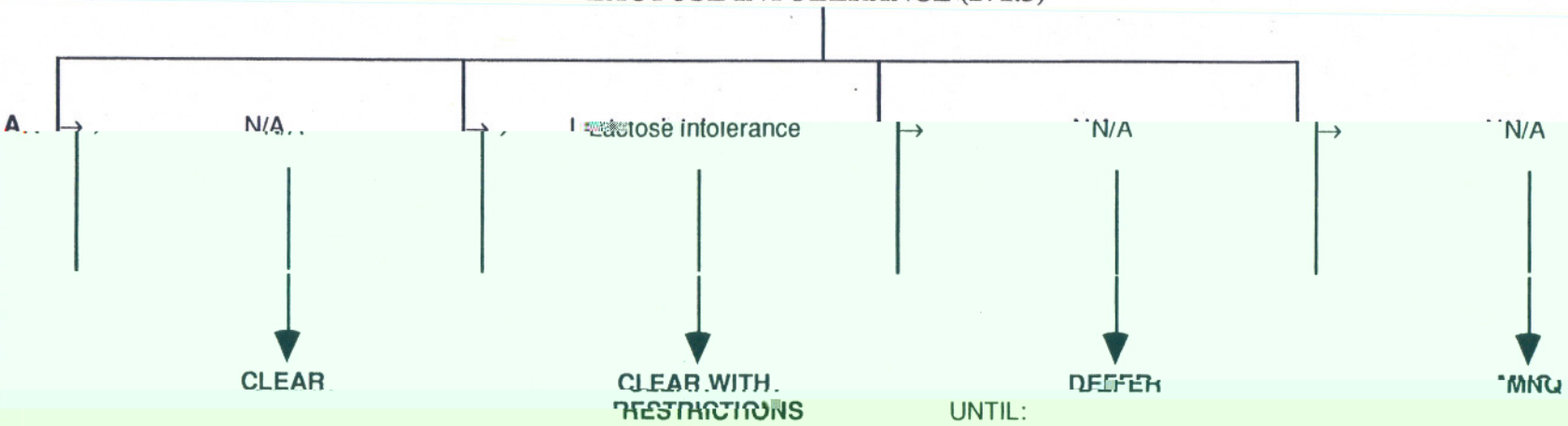
Usually benign condition that does not progress to colitis or ileitis. Does not place PCV at risk for dehydration or life threatening event.

IBS is a variable, chronic condition. Some individuals function totally normally and others miss time from work and do not function well. Each applicant must be evaluated individually.

IBS does not place the PCV at added risk for dehydration.

MEDICAL INFORMATION NEEDED: Generic information

LACTOSE INT[illegible]RANCE (271.3)



UNTIL:

[illegible]-

No milk product diet

ALE Lactose intolerance occurs in approx. 75% of adults in all ethnic groups except those of northwest European origin for whom the incidence is < 20%.

[illegible]L IATION [illegible]: Generic information

5/4/93