

GASTROENTEROLOGY

GASTROINTESTINAL

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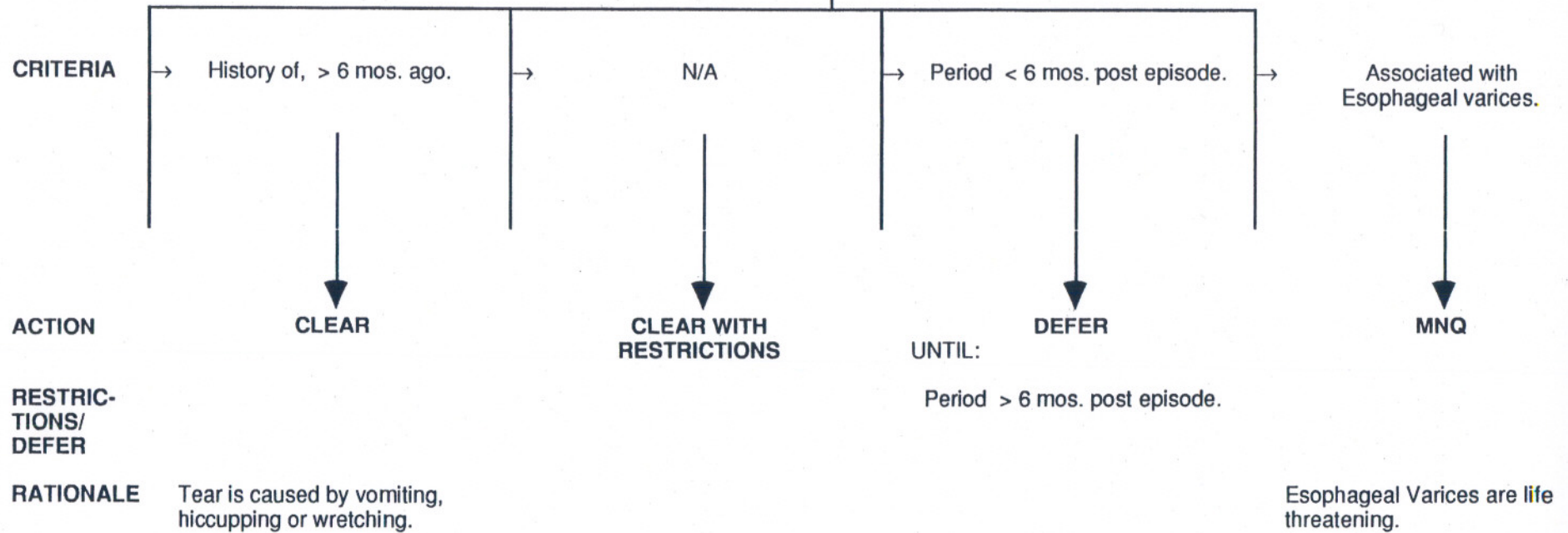
III. ADDENDUM

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

CRITERIA	→ 1) Obstruction due to foreign object or benign neoplasm, resolved without complications. → 2) Barrett's Esophagus without Dysplasia (Endoscopy within 6 mos. before departure)	N/A	→ Achalasia, treated with pneumostatic dilation, 2 yrs. post treatment without recurrence.	→ Achalasia treated, period < 2 yrs. post.	→ 1) Barrett's with Dysplasia → 2) Stricture → 3) Obstruction with permanent damage to esophagus.
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	MRB/ MED ADVISOR	DEFER	MNQ
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 dilation. 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 (MALLORY-WEISS SYNDROME) (530.7)



MEDICAL INFORMATION NEEDED:

Generic information

ESOPHAGITIS (530.1)

CRITERIA	<ul style="list-style-type: none"> → 1) Single episode, 6 mos. asymptomatic without meds. → 2) Recurrent episodes, readily controlled with meds or meds for prophylaxis. 	→ N/A	<ul style="list-style-type: none"> → 1) GI bleeding associated with esophagitis. → 2) Treatment with Prilosec (acid pump inhibitor). 	<ul style="list-style-type: none"> → 1) Single episode within last 6 mos. → 2) Recurrent episodes, symptoms unresolved with medications. → 3) Surgery for Reflux < 6 mos. 	<ul style="list-style-type: none"> → 1) History of Esophageal Hemorrhage due to varices. → 2) Corrosive Esophagitis with strictures
ACTION	↓ CLEAR	↓ CLEAR WITH RESTRICTIONS	↓ MRB/ MED ADVISOR	↓ DEFER	↓ MNQ
RESTRIC-TIONS/ DEFER				UNTIL: <ul style="list-style-type: none"> 1) Six months asymptomatic, off meds. 2) Six mos. controlled with meds. (continuous or intermittent) 3) Six mos. post surgery. 	
RATIONALE	<p>98% of Esophagitis is caused by reflux by gastric contents into the esophagus.</p> <p>Pill induced or trauma induced Esophagitis heals rapidly when the offending substance is removed or the medication is stopped.</p>	<p>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.</p>	<p>Prilosec cannot b used continuously. Often is used for severe, refractory peptic conditions.</p>		<p>Appropriate medical care not available in PCMU's. At risk for severe exacerbation.</p>
MEDICAL INFORMATION NEEDED:	Generic information F/U needed next 3 yrs.; Diet restrictions; Endoscopy, UGI results, if available.				

GASTRO (535.5)

CRITERIA	→ 1) Single episode, 6 mos. asymptomatic, with or without meds. → 2) Recurrent episodes, readily controlled with meds or meds for prophylaxis.	→ N/A	→ 1) GI bleeding associated with gastritis. → 2) Treatment with Prilosec (acid pump inhibitor).	→ 1) Single episode not due to NSAIDs < 6 mos. → 2) Recurrent episode, symptoms unresolved with medications. Possibly alcohol related.	→ N/A
ACTION	↓ CLEAR	↓ CLEAR WITH RESTRICTIONS	↓ MRB/ MED ADVISOR	↓ DEFER	↓ MNQ
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.

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

MED ADV
4/30/97

CRITERIA	<ul style="list-style-type: none"> → 1) Duodenal ulcer, resolved > 1 yr. on or off continuous meds. → 2) Benign gastric ulcer, resolved > 1 yr., with complete healing on endoscopy or on or off continuous meds. → 3) Partial Gastrectomy > 1 yr ago, no complications. <p>(See Heme-3 If associated B12 deficiency.)</p>	→ N/A	<ul style="list-style-type: none"> → 1) GI bleeding associated with peptic ulcer. → 2) Treatment with prilosec (acid pump inhibitor) 3) Ulcer 41 yr ago (H. pylori) 	<ul style="list-style-type: none"> → 1) Duodenal ulcer < 1 yr ago → 2) Benign gastric ulcer < 1 yr. ago. → 3) Gastrectomy < 1 yr ago. 	<ul style="list-style-type: none"> → 1) History of perforation or hemorrhage while on treatment. → 2) Partial gastrectomy with complications.
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	MRB/ MED ADVISOR	DEFER	MNQ
RESTRICTIONS/ DEFER				<p>UNTIL:</p> <ul style="list-style-type: none"> 1) Period > 1 yr. resolved 2) Period > 1 yr., resolved; endoscopy shows complete healing. 3) Period > 1 yr. 	
RATIONALE	Meds include Zantac, Tagamet, Prilosec (< 1% failure rate). Meds are used initially as treatment, then often for 1 yr. to lifetime for prophylaxis. < 10% relapse rate in first year with meds as prophylaxis		Prilosec cannot be used continuously. Often is used for severe, refractory peptic conditions.		Treatment failure: at risk for life threatening hemorrhage.

MEDICAL INFORMATION NEEDED:

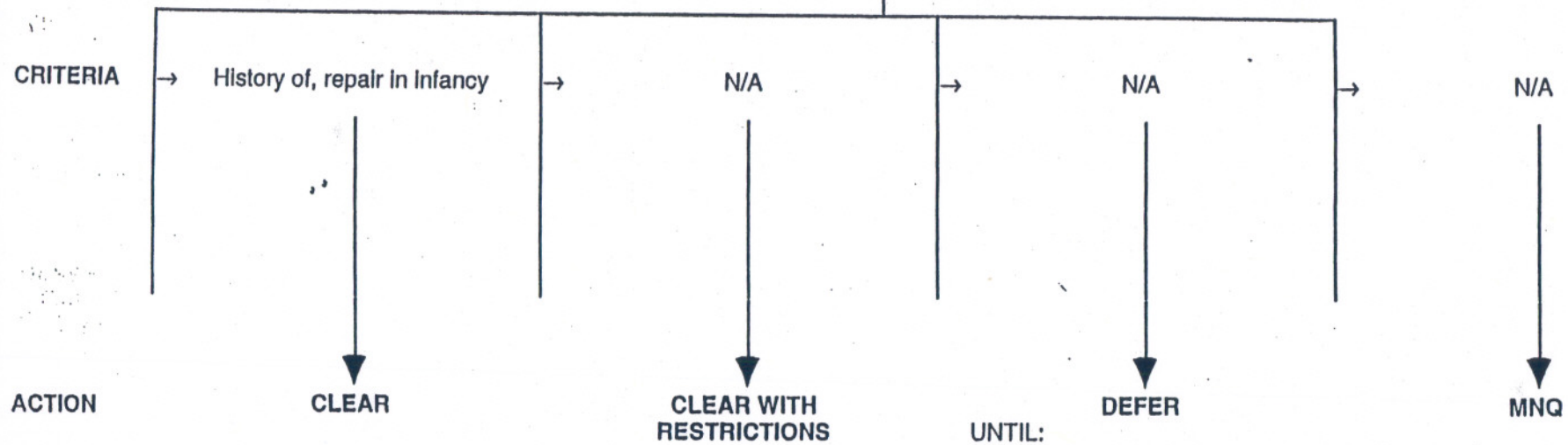
Generic Information;

F/U needed next 3 yrs. meds.; Diet limitation.

Stool for occult blood X 3; Endoscopy results for gastric ulcer.

12/27/94

PYLORIC STENOSIS (750.5)



RESTRIC-
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DEFER

RATIONALE

MEDICAL
INFORMATION
NEEDED:

Gastrointestinal

GI-6

BOWEL OBSTRUCTION (560.9), INTUSSUSCEPTION (560.0)

CRITERIA	<ul style="list-style-type: none"> → 1) Single episode bowel obstruction, resolved medically, period > 2 yrs. post → 2) Bowel obstruction resolved surgically without ostomy or with no exterior appliance required for period > 6 mos. → 3) Intussusception in childhood → 4) Intussusception due to polyp or Meckles diverticulum which was surgically removed. 	→ N/A	<ul style="list-style-type: none"> → 1) Bowel obstruction, benign cause, < 2 yrs. post medical treatment. → 2) Bowel obstruction, benign cause, < 6 mos. post surgical → 3) Cancer 	<ul style="list-style-type: none"> → 1) Intussusception (adult episode) unless caused by a polyp or Meckles diverticulum. → 2) Recurrent obstruction unresolved by surgery.
ACTION	↓ CLEAR	↓ CLEAR WITH RESTRICTIONS	↓ DEFER	↓ MNQ
RESTRICTIONS/DEFER			UNTIL: <ul style="list-style-type: none"> 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.		<ul style="list-style-type: none"> 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

Gastrointestinal

GI-7

2/28/94

COLITIS, ULCERATIVE (556), PROCTITIS (569.49)

CRITERIA	→ 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~% 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), PROCTITIS (569.49)

CRITERIA	→ 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 10% 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

CROHN'S DISEASE (ILEITIS) (555.0)

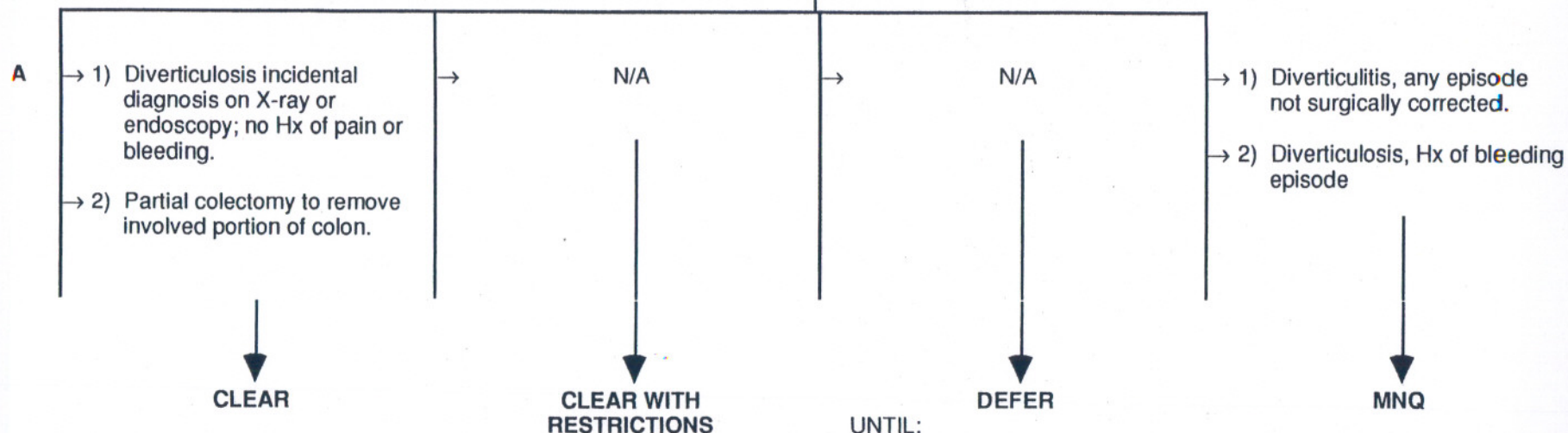
CRITERIA	→ N/A	→ N/A	→ Minor disease, only 1 episode > 5 yrs. ago, no meds, asymptomatic 5 yrs.	→ Single episode, mild disease, period < 5 yrs., asymptomatic.	→ 1) Chronic or recurrent Crohn's disease → 2) Complications: Renal, arthritis, fistula, abscesses.
ACTION	↓ CLEAR	↓ CLEAR WITH RESTRICTIONS	↓ MRB/ MED ADVISOR	↓ DEFER	↓ MNQ
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 DIVERTICULOSIS (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.

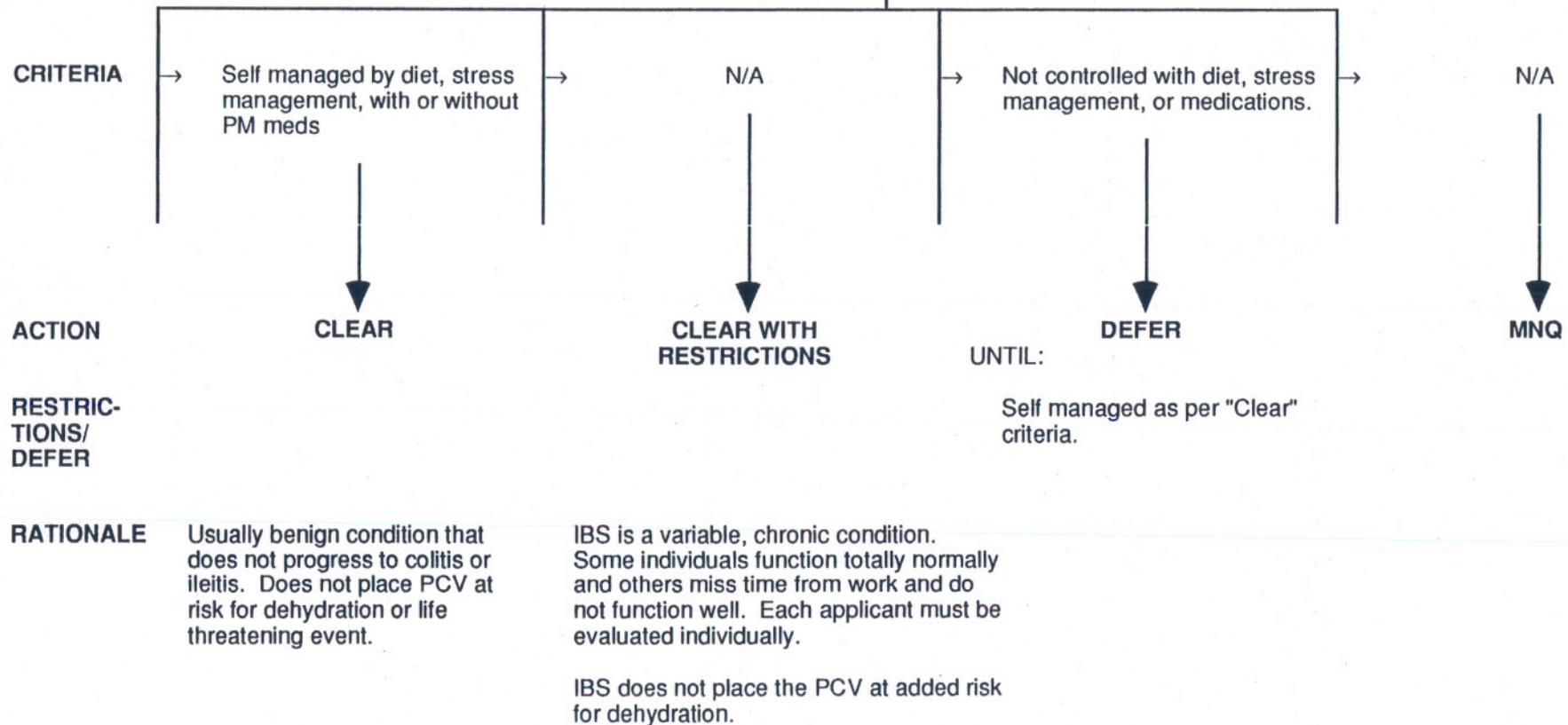
Repeated episodes of diverticulitis have potential for perforation, abscess, obstruction, fistula formation. Places PCV at risk for life threatening event.

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Generic information

5/4/93

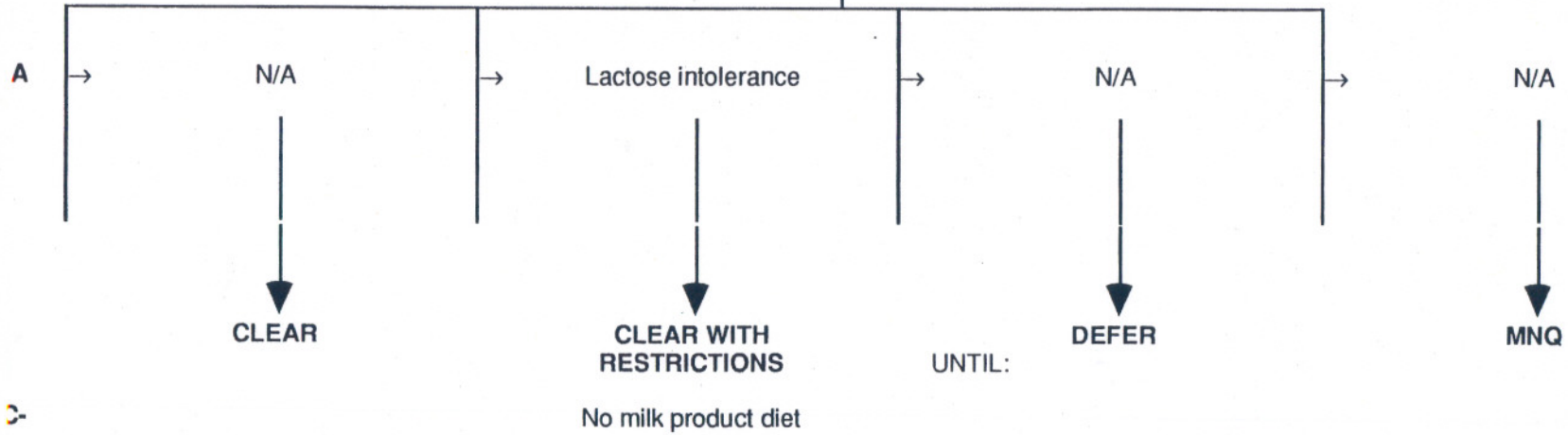
IRRITABLE BOWEL SYNDROME (IBS) (564.1)



MEDICAL INFORMATION NEEDED:

Generic information

LACTOSE INTOLERANCE (271.3)



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%.

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3:

Generic information

5/4/93