

# Appropriateness of Upper GI Endoscopy (EGD) – Data from the Malaysian National Endoscopy Registry

R Melvin, A K Radhakrishnan, E T Ooi, S S Thein, A Saravanan

Gastroenterology Unit, Department of Medicine, Kuala Lumpur Hospital, Kuala Lumpur, Malaysia

## BACKGROUND

The appropriateness of the indications for upper gastrointestinal endoscopy (EGD) is recognised as a quality indicator for Endoscopy Units. Using the American Society for Gastrointestinal Endoscopy (ASGE) guidelines, the objective of this study was to evaluate the appropriate use of EGD in Six Pilot Public Hospitals participating in the Malaysian National Endoscopy Registry.

## MATERIALS AND METHODS

A prospective analysis of the indications for patients referred for EGD from 1st September 2008 to 30th May 2009. Data was extracted from the National Endoscopy Registry online database.

## RESULTS

A total of 10037 patients were referred for EGD. The most common age distribution was 50-59 (24.9%) followed by 60-69 (21.7%). The most common indication for EGD in this series was Dyspepsia

(23.14%) followed by Gastrointestinal bleeding (17.31%). GERD symptoms were the indication in only 447 patients (4.45%).

The National Endoscopy Registry is an online database which has six participating Tertiary public hospitals. The current practice of open – access endoscopy allows physicians to directly schedule procedures without prior consultation. The majority of physicians adhered to the ASGE guidelines. Only 432 patients (4.3%) did not meet the guidelines. However a significantly large proportion of patients (34.46%) did not have the indications documented. The ASGE guidelines should be introduced to a wider group of doctors.

## CONCLUSION

Among the documented indications for EGD, 95.7% met the ASGE guidelines. The most common indication was Dyspepsia followed by Upper Gastrointestinal Bleeding. GERD symptoms are not a common indication for EGD in Malaysian patients.

Indicators for OGDS	No. N=10037	%
Dyspepsia	2323	23.14
GERD symptoms	447	4.45
Dysphagia / Odynophagia	230	2.29
Gastrointestinal bleeding	1737	17.31
Treatment of bleeding lesions	110	1.1
Re-evaluation of previously bleeding lesion	553	5.51
Investigation of Iron-deficiency Anaemia	402	4.01
Suspected Portal Hypertension	343	3.42
Variceal therapy	309	3.08
Evaluation of caustic injury	7	0.07
Other therapeutic procedures	134	1.34
Other indication	184	1.83
Others ( Did not fulfil ASGE guidelines)	432	4.3
Not Available	3459	34.46
<b>Total</b>	<b>*10670</b>	

\*Several patients had more than one indication