

Table 3. OGD indications (not exhaustive).

1.	Upper abdominal symptoms that persist despite an appropriate trial of therapy
2.	Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (e.g. anorexia and weight loss) or in patients aged >45 years. Age cut-off varies in different geographical regions. ¹⁷
3.	Dysphagia or odynophagia
4.	Oesophageal reflux symptoms that are persistent or recurrent despite appropriate therapy
5.	Persistent vomiting of unknown cause
6.	Other diseases in which the presence of upper gastrointestinal pathology might modify other planned management. Examples include patients who have a history of ulcer or gastrointestinal bleeding who are scheduled for organ transplantation, long-term anticoagulation, or chronic nonsteroidal anti-inflammatory drug therapy for arthritis and those with cancer of the head and neck
7.	Familial adenomatous polyposis syndromes
8.	For confirmation and specific histologic diagnosis of radiologically demonstrated lesions: • Suspected neoplastic lesion; • Gastric or oesophageal ulcer; • Upper tract stricture or obstruction
9.	Gastrointestinal bleeding • In patients with active or recent bleeding • For presumed chronic blood loss and for iron deficiency anaemia when the clinical situation suggests an upper gastrointestinal source or when colonoscopy result is negative
10.	When sampling of tissue or fluid is indicated
11.	In patients with suspected portal hypertension to document or treat oesophageal varices
12.	To assess acute injury after caustic ingestion
13.	Treatment of bleeding lesions, such as ulcers, tumours, vascular abnormalities (e.g. electrocoagulation, heater probe, laser photocoagulation or injection therapy)
14.	Banding or sclerotherapy of varices
15.	Removal of foreign bodies
16.	Removal of selected polypoid lesions
17.	Placement of feeding or drainage tubes
18.	Dilation of stenotic lesions
19.	Management of achalasia (e.g. botulinum toxin, balloon dilation, peroral endoscopic myotomy)
20.	Palliative treatment of stenosing neoplasms (e.g. laser, multipolar electrocoagulation, stent placement)
21.	Endoscopic therapy for intestinal metaplasia (e.g. dysplasia in BO)
22.	Intraoperative evaluation of anatomic reconstructions typical of modern foregut surgery (e.g. evaluation of anastomotic leak and patency, fundoplication formation, pouch configuration during bariatric surgery)
23.	Management of operative adverse events (e.g. dilation of anastomotic strictures, stenting of anastomotic disruption, fistula or leak in selected circumstances)
24.	Surveillance for malignancy in patients with premalignant conditions (i.e. gastric intestinal metaplasia, BO)

BO: Barrett's oesophagus; OGD: oesophago-gastro-duodenoscopy