

Edmonton Zone Gastroenterology Referral Pathway



About this Pathway

Referral pathways help referring providers know where to send referrals and what information to include.

We value all feedback to improve referral pathway. Please share your comments via this [Online Survey](#).

Request Urgent Advice

(Patient may need to be seen immediately. Patients with conditions that require same day intervention and/or diagnostics but not hospitalization; not life threatening)

For the following, call RAAPID North:

1-800-282-9911

- Severe flare of Inflammatory Bowel Disease (IBD)
- Dysphagia
- Abnormal Imaging

Request Emergency Consultation

(patient NEEDS to be seen immediately)

For the following, refer directly to the emergency department or call RAAPID North:

1-800-282-9911

- Severe gastroenterology (GI) bleeding symptoms
- Severe acute abdominal pain
- Severe symptoms of acute pancreatitis

Review Primary Care Pathway

(for guidance on referral process, if available)

A **clinical pathway** may be available to guide care options for your patient's condition:

[Alberta's Pathway Hub | Alberta Health Services](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available, please request non-urgent advice.

Request Non-Urgent Advice

(when uncertain whether to submit a referral)

By phone advice: Call [ConnectMD](#) at 1-844-633-2263 or Online at pcnconnectmd.com/non-urgent-advice-request. Advice available Monday to Friday (except statutory holidays).

A one-page transcribed summary of the call will be sent to you afterwards for billing and record-keeping purposes.

For more information, visit www.pcnconnectmd.com.

Request Non-Urgent Consultation

(when patient requires non-urgent referral)

- Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral. Provide all required information and specific tests/investigations.
- See QuRE Referral/Consult Checklist (www.ahs.ca/QuRE) for high-quality referral guidelines.
- Visit the [Alberta Referral Directory](#) for **Edmonton Zone Gastroenterology Central Access and Triage (EZ GI CAT) REFERRAL FAX 780-670-3607**
- Visit the [Alberta Referral Directory](#) for individual gastroenterologists

NOTE: If a patient was seen previously in the preceding five (5) years, consider sending a referral back to that same adult gastroenterologist through EZ GI CAT

Edmonton Zone Gastroenterology Referral Pathway

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COLORECTAL CANCER SCREENING

Refer to [Toward Optimized Practice \(TOP\) Guidelines](#)
for Colorectal Cancer Screening Guidelines

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
AVERAGE RISK SCREENING FOR COLORECTAL CANCER No personal or family history of colorectal cancer or colonic adenomas	- Order Fecal Immunochemical Test (FIT) via local laboratory services. - Screen with FIT every 1-2 years starting at age 50 years - If FIT is positive, refer to Stop Colorectal Cancer through Prevention and Education (SCOPE) Program through EZ GI CAT - FIT should NOT be performed within 10 years of a high-quality colonoscopy - If the patient is experiencing new gastrointestinal symptoms at any time since the previous colonoscopy, the patient should be referred to EZ GI CAT.	- Patient must be asymptomatic between ages 50-74 - Include detailed documentation or medical summary (Medication, anticoagulants usage, diabetes, etc.) <2 Years - CBC, electrolytes, creatinine/GFR <6 Months - Height and weight/Body Mass Index (BMI)	
FECAL IMMUNOCHEMICAL TEST (FIT): POSITIVE FINDING Used for asymptomatic screening only	- Patients 50-74 years of age with positive FIT should be referred to SCOPE Program through EZ GI CAT. - If your patient does not meet SCOPE Program criteria but you feel they are still eligible for colon cancer screening, please send referral to EZ GI CAT.	- Include detailed documentation or medical summary (Medication, anticoagulants usage, diabetes, etc.) <2 Years - CBC, electrolytes, creatinine/GFR <6 Months - Height and weight/Body Mass Index (BMI)	

COLORECTAL CANCER SCREENING

Refer to [Toward Optimized Practice \(TOP\) Guidelines](#)
for Colorectal Cancer Screening Guidelines

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
FAMILY HISTORY OF COLORECTAL CANCER Includes: High Risk Adenomatous Polyps	- Based on the age of affected first degree family members: - Family history of colorectal cancer or advanced adenoma in one first degree relative less than or equal to 60 years or 2 or more affected first-degree relatives, any age. - Screening begins at age 40 or 10 years earlier than the youngest diagnosis in the family, whichever comes first - Refer to SCOPE Program through EZ GI CAT. No FIT testing required - Family history of colorectal cancer or advanced adenoma in a first degree relative OVER the age 60 years. - Screening begins at age 40 Order FIT - If FIT is positive, refer to SCOPE Program through EZ GI CAT. - If family history changes, please re-evaluate criteria - If patient does not qualify under the above criteria, refer to EZ GI CAT for consideration.	- Patient must be asymptomatic age 74 and younger - Include detailed documentation or medical summary (Medication, anticoagulants usage, diabetes, etc.) <2 Years - CBC, electrolytes, creatinine/GFR <6 Months - Height and weight/Body Mass Index (BMI)	If applicable: Copy of previous colonoscopy and pathology report
PERSONAL HISTORY OF COLORECTAL CANCER Includes: Colonic adenomas	- Refer if patient is 40-74 years of age to SCOPE Program through EZ GI CAT. - Any patient outside of this range should be referred to EZ GI CAT. - FIT testing is NOT recommended - If patient does not qualify under the above criteria, refer to EZ GI CAT for consideration	- Include detailed documentation or medical summary (Medication, anticoagulants usage, diabetes, etc.) <2 Years - CBC, electrolytes, creatinine/GFR <6 Months - Height and weight/Body Mass Index (BMI)	If applicable: Copy of previous colonoscopy and pathology report

COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
ABNORMAL IMAGING OF GASTROINTESTINAL TRACT	- For cases with suspected cancer or acute obstruction, call RAAPID North: 1-800-282-9911. - Other cases: Refer to EZ GI CAT.	- Description of symptoms and reason for requesting imaging <3 Months - CBC, electrolytes, creatinine - Unintended weight loss	Copy of abnormal imaging report
BARRETT ESOPHAGUS (SCREENING)	- Refer to the Gastroesophageal Reflux Disease (GERD) Primary Care Pathway to help guide for screening parameters. Go to: Provincial GERD Primary Care Pathway. - If you have any questions while using or after completing the GERD Primary Care Pathway, obtain specialist advice through ConnectMD	Include documentation or medical summary of completed GERD Primary Care Pathway	If applicable: Previous gastroscopy report and pathology report
BARRETT ESOPHAGUS (SURVEILLANCE OR KNOWN DIAGNOSIS)	- Refer back to previous endoscopist through EZ GI CAT. - If patient has no prior endoscopist in the Zone, refer to EZ GI CAT.	Previous gastroscopy report and pathology report	
GASTRIC CANCER SCREENING	Refer to the Provincial Gastric Cancer Prevention, Screening & Diagnosis Primary Care Pathway	Include documentation or medical summary of completed Gastric Cancer Prevention, Screening & Diagnosis Primary Care Pathway	
CELIAC DISEASE	- Refer to the Provincial Celiac Disease Primary Care Pathway - If you have any questions about follow-up symptoms or new symptoms, obtain specialist advice through ConnectMD or Refer to EZ GI CAT	Indicate if patient is following a gluten-free diet 3 Months - CBC, ferritin <3 Years - Celiac serology	Previous gastroscopy report and pathology report

COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
CHRONIC ABDOMINAL PAIN	- For severe acute abdominal pain, refer patient to the emergency department or call RAAPID North: 1-800-282-9911. - Refer to the Provincial Chronic Abdominal Pain Primary Care Clinical Pathway - If you have any questions while using or after completing the Chronic Abdominal Pain Primary Care Pathway, obtain specialist advice through ConnectMD In the presence of alarm features, provide evidence and documentation for all relevant portions of the Chronic Abdominal Pain Primary Care Pathway with your referral.	- Include documentation or medical summary of completed Chronic Abdominal Pain Primary Care Pathway. - Location, frequency, severity, duration <3 Months - CBC, sodium, potassium, chloride, calcium, magnesium, phosphorus, creatinine - Liver enzymes: alkaline phosphatase (ALP), alanine aminotransferase (ALT), albumin, total bilirubin, lipase - C-reactive protein (if suspecting inflammatory or infectious conditions) - Ferritin and transferrin saturation	If applicable: <6 Months - Clostridioides difficile, ova and parasites - Celiac serology - Thyroid stimulating hormone (TSH) H. pylori test (HpSAT [H. pylori Stool Antigen Test] or Urea Breath Test) - Urinalysis - Pregnancy test (β-hCG) - Abdominopelvic ultrasound
CHRONIC CONSTIPATION	- Refer to the Chronic Constipation Primary Care Pathway to help guide the care of your patient. Go to: Provincial Adult Chronic Constipation Primary Care Pathway - If symptoms persist after the Chronic Constipation Primary Care Pathway has been completed, obtain specialist advice through ConnectMD In the presence of alarm features, provide evidence and documentation for all relevant portions of the Chronic Constipation Primary Care Pathway with your referral.	- Include documentation or medical summary of completed Chronic Constipation Primary Care Pathway. <6 Months - CBC, glucose, creatinine, calcium/albumin, thyroid stimulating hormone (TSH) <3 Years - Celiac serology	Abdominal x-ray

COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
CHRONIC DIARRHEA	- Refer to the Chronic Diarrhea Primary Care Pathway to help guide the care of your patient. Go to: Chronic Diarrhea Primary Care Pathway - If symptoms persist after the Chronic Diarrhea Primary Care Pathway has been completed, obtain specialist advice through ConnectMD In the presence of alarm features, provide evidence and documentation for all relevant portions of the Chronic Diarrhea Primary Care Pathway with your referral.	- Include detailed documentation or medical summary of completed Chronic Diarrhea Primary Care Pathway <3 Months - CBC, electrolytes, ferritin, C-reactive protein (CRP) - Clostridioides difficile, ova and parasites <3 Years - Celiac serology	- If high clinical suspicion of inflammatory bowel disease (IBD), do fecal calprotectin test - Thyroid stimulating hormone (TSH)
DYSPEPSIA	- Refer to the Dyspepsia Primary Care Pathway to help guide the care of your patient. - If you have any questions while using or after completing the Dyspepsia Primary Care Pathway, obtain specialist advice through ConnectMD In the presence of alarm features, provide evidence and documentation for all relevant portions of the Dyspepsia Primary Care Pathway with your referral.	- Include documentation or medical summary of completed Dyspepsia Primary Care Pathway <6 Months - CBC, ferritin - Negative H. pylori test (HpSAT [H. pylori Stool Antigen Test] or Urea Breath Test) <3 Years - Celiac serology	
DYSPHAGIA	Acute Cases: Call RAAPID North: 1-800-282-9911 New, progressive, unintended weight loss greater than 5% within 6 months Non-Acute: If you have any questions, obtain specialist advice through ConnectMD - Refer to an Adult Gastroenterologist.	- Include the following in a detailed medical summary: - Duration and severity - Able to swallow solids or liquids - Onset: progressive, intermittent, with/and/or weight loss <3 Months - CBC, electrolytes, creatinine	- Upper GI series imaging report - Esophageal barium fluoroscopy with marshmallow swallow - Manometry results (if performed)

COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
GASTROESOPHAGEAL REFLUX DISEASE (GERD)	- Refer to the Provincial GERD Primary Care Pathway to help guide the care of your patient. - If you have any questions while using or after completing the GERD Primary Care Pathway, obtain specialist advice through ConnectMD In the presence of alarm features, provide evidence and documentation for all relevant portions of the GERD Primary Care Pathway with your referral.	Include documentation or medical summary of completed GERD Primary Care Pathway	Any related motility and diagnostic testing as appropriate
HELICOBACTER PYLORI (H. PYLORI)	- Refer to the Helicobacter Pylori (H. pylori) Primary Care Pathway to help guide the care of your patient. Go to: Helicobacter Pylori (H Pylori) Primary Care Pathway - If you have any questions while using or after completing the H. pylori Primary Care Pathway, obtain specialist advice through ConnectMD In the presence of alarm features, provide evidence and documentation for all relevant portions of the H. pylori Primary Care Pathway with your referral.	- Include documentation or medical summary of completed H. pylori Primary Care Pathway - Indicate three (3) failed attempts of treatment <3 Months - HpSAT (H. pylori Stool Antigen Test) or Urea Breath Test	Any related diagnostic testing as appropriate
INFLAMMATORY BOWEL DISEASE	- For severe flare up of Inflammatory Bowel Disease, refer patient to the emergency department or call RAAPID North: 1-800-282-9911. - For known Inflammatory Bowel Disease, consider referring back to the previous gastroenterologist. - If the patient does not have a gastroenterologist in the Edmonton Zone, refer to an Adult Gastroenterologist.	<6 Months (for known cases) - CBC, creatinine, electrolytes, C-reactive protein (CRP) - Fecal calprotectin (> 200 mcg/g) - Stool samples for: culture and sensitivity, Clostridioides difficile, ova and parasites	Endoscopy report and histologic findings

COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
IRON DEFICIENCY ANEMIA (IDA)	- For severe/symptomatic cases, refer patient to the emergency department or call RAAPID North: 1-800-282-9911. - Refer to the Iron Deficiency Anemia (IDA) Pathway for Colorectal Cancer Diagnosis to help guide the care of your patient. Go to: Iron Deficiency Anemia (IDA) Pathway for Colorectal Cancer Diagnosis - If you have any questions while using or after completing the IDA Pathway for Colorectal Cancer Diagnosis, obtain specialist advice through ConnectMD - Refer to EZ GI CAT as indicated in IDA Pathway: Urgent criteria for IDA: - Men: Hemoglobin < 110 g/L - Women: Hemoglobin < 100 g/L - IDA with alarm symptoms Semi-urgent criteria for IDA: - Men: Hemoglobin between 110-130 g/L - Women: Hemoglobin between 100-120 g/L	<8 Weeks - CBC, ferritin, serum iron, total iron-binding capacity (TIBC), transferrin saturation, creatinine, alkaline phosphatase (ALP), total bilirubin, alanine aminotransferase (ALT) <3 Years - Celiac serology	- Previous gastroscopy report and pathology report - C-reactive protein (CRP) (if indicated)
IRRITABLE BOWEL SYNDROME	- Refer to the Irritable Bowel Syndrome (IBS) Primary Care Pathway to help guide the care of your patient. Go to: Irritable Bowel Syndrome (IBS) Primary Care Pathway - If you have any questions while using or after completing the Irritable Bowel Syndrome (IBS) Primary Care Pathway, obtain specialist advice through ConnectMD - In the presence of alarm features and/or an elevated fecal calprotectin (>200mcg/g), please provide evidence and documentation for all relevant portions of the Irritable Bowel Syndrome (IBS) Primary Care Pathway with your referral.	- Include documentation or medical summary of completed IBS Primary Care Pathway <6 Months - CBC - If applicable for Irritable Bowel Syndrome-Diarrhea (IBS-D): - Fecal calprotectin (>200mcg/g), - C-reactive protein (CRP) <3 Years - Celiac serology	

COMMON LUMINAL DISORDERS

Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (if available)
NAUSEA/VOMITING	Obtain specialist advice through ConnectMD.	Detailed medical summary	
ODYNOPHAGIA	Acute Cases: Call RAAPID North: 1-800-282-9911. - New, progressive, unintended weight loss greater than 5% within 6 months Non-Acute: If you have any questions, obtain specialist advice through ConnectMD - Refer to EZ GI CAT.		
RECTAL BLEEDING (BRIGHT RED BLOOD)	- Refer to the High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis to help guide the care of your patient. Go to: High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis - If you have any questions while using or after completing the High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis, obtain specialist advice through ConnectMD. - In the absence of alarm features, provide evidence and documentation for all relevant portions of the High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis with your referral to Facilitated Access to Specialized Treatment (FAST) Primary Care Alberta	Include documentation or medical summary of completed High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis	
UPPER GI BLEED	Acute Cases: Call RAAPID North: 1-800-282-9911. Non-Acute Cases: Refer to an Adult Gastroenterologist.	- Include the following in a detailed medical summary: - Duration, frequency - NSAID, anti-coagulants, anti-platelet agents use <6 Months - CBC, creatinine, INR/PTT	

HEPATOLOGY

Reason for Referral	Process	Mandatory Info (Essential investigations and timeframes)	Extra Info (If available)
ACUTE HEPATITIS	Exclusion: Abnormal unexplained INR (>1.5) or transaminase >1000 should be treated as URGENT, Call RAAPID North: 1-800-282-9911. - If alanine aminotransferase (ALT) and/or aspartate aminotransferase (AST) >250 within one (1) month, refer to EZ GI CAT.	- Medication history including herbs/remedies/all over the counter drug use/illicit drugs - Alcohol intake, symptoms (e.g. jaundice, abdominal pain, etc.) - Systemic symptoms (i.e. sore throat, rash) <1 Month - CBC, electrolytes, creatinine - Liver enzymes: Alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT), lactate dehydrogenase (LDH) - Liver function: INR, total bilirubin, albumin - Creatine kinase (CK) - Etiological: Hep A IgM, Hep B surface Ag, Hep B core IgM, Hep C Ab - If applicable: Toxin screen (acetaminophen, cocaine)	- Ultrasound if available (indicate if ordered) - Previous liver enzymes/bloodwork
ELEVATED LIVER ENZYMES OR SUSPECTED-NON ALCOHOLIC FATTY LIVER DISEASE (NAFLD)	- Refer to the NAFLD Primary Care Pathway to help guide the care of your patient. Go to: Non-Alcoholic Fatty Liver Disease (NAFLD) Primary Care Pathway - If you have any questions while using or after completing the NAFLD Primary Care Pathway, obtain specialist advice through ConnectMD - When referring please indicate suspected NAFLD OR Alternative diagnosis (according to NAFLD Primary Care Pathway) to EZ GI CAT.	- Include medical summary and documentation of appropriate steps completed in NAFLD Primary Care Pathway: - Medical history - Alcohol intake - Completed labs and diagnostic imaging <3 Months - If cirrhosis is suspected: Include INR, total bilirubin, albumin	

HEPATOLOGY

Reason for Referral	Process	Mandatory Info (Essential investigations and timeframes)	Extra Info (If available)
CHRONIC LIVER DISEASE Includes: Decompensated Cirrhosis	Acute or Decompensated jaundice, encephalopathy: Refer to emergency department or call RAAPID North: 1-800-282-9911. For Known Diagnosis: Consider referring back to previous Hepatologist or Adult Gastroenterologist through EZ GI CAT.	- Include detailed medical summary highlighting the following: - Etiology - Symptoms of decompensation (Jaundice, Ascites, Encephalopathy) - Alcohol intake <3 Months - Liver enzymes: Alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP) - Liver function: INR, bilirubin, albumin, CBC, electrolytes, creatinine <6 Months - Abdominal ultrasound (with hepatic/portal vein doppler where available) <12 Months (if not previously done) - Etiological: Hep B surface antigen, Hep C antibody	
HEPATITIS C	- Primary care providers are fully authorized to treat Hepatitis C infection. Refer to the Hepatitis C Virus Primary Care Pathway to help guide the care of your patient. Go to: Hepatitis C Primary Care Pathway - If you have any questions before starting, while using, or after completing the Hepatitis C Virus Primary Care Pathway, obtain specialist advice through ConnectMD - If the primary care provider prefers not to treat the patient or if the Primary Care Pathway indicates that specialist care is required, refer to EZ GI CAT or to the infectious disease physician of your choice or Program Kaye Edmonton Clinic - Hepatitis Support Program (HSP) Alberta Health Services	>3 Months (after exposure) - For patients with no history of Hepatitis C Virus (HCV) infection, complete antibody testing - For patients with a known prior HCV infection, complete RNA (ribonucleic acid) testing <6 Months - Anti-Hep A IgG antibody, Hep B surface antigen, anti-Hbc antibody, anti-Hbs antibody, anti-HIV antibody - Alanine aminotransferase (ALT), aspartate aminotransferase (AST), platelets, creatinine - FIB-4 score	- Include documentation or medical summary of completed Hepatitis C Virus Primary Care Pathway - Ultrasound if available (indicate if ordered) - Previous liver enzymes

HEPATOLOGY

Reason for Referral	Process	Mandatory Info (Essential investigations and timeframes)	Extra Info (If available)
LIVER MASS (solid lesion)	- Refer to Clinical Pathway: Provincial Liver Masses Primary Care Pathway Patient is Low Risk of malignancy (no previous history of malignancy or chronic viral hepatitis): Hemangioma: referral is only required if >5cm or directed by radiology - send referral to Facilitated Access to Specialized Treatment (FAST) Primary Care Alberta Focal Nodular Hyperplasia (FNH): (usually requires MRI to define) benign if definitively FNH then no follow up required, unless otherwise recommended by radiology - send referral to Facilitated Access to Specialized Treatment (FAST) Primary Care Alberta if required Adenoma or indeterminate or suspicious lesions: refer directly to Hepatology for further advice: Edmonton Zone: EZ CAT Patient is High Risk of malignancy (history of cirrhosis, chronic viral hepatitis or history of any prior malignancy): History of ANY prior malignancy: - Send referral to Facilitated Access to Specialized Treatment (FAST) Primary Care Alberta or refer directly to Oncology. History of cirrhosis, chronic viral hepatitis: Refer directly to Hepatology for further work up and management: Edmonton Zone: EZ CAT	Low Risk: - Hemangioma- imaging showing lesion - FNH- MRI liver needed to differentiate - Adenoma or indeterminate suspicious lesion- imaging showing Adenoma High Risk: - History of cirrhosis, chronic viral hepatitis: Imaging demonstrating solid lesion, MRI liver is preferred with triphasic CT as alternate- ordered - Prior history of any prior malignancy: MRI Liver or CT Chest Abdomen/Pelvis may be required. Concurrent referral to prior oncology team should be made.	- MRI or Triphasic CT ordered - CBC, electrolytes, creatinine, ALT, ALP, AST, GGT, INR, Bilirubin, AFP, Albumin, HB Core, HBSAg, HBSAb, HCV Ab

PANCREATOBILIARY

Reason for Referral	Process	Mandatory Info (Essential investigations and timeframes)
ACUTE PANCREATITIS	For ongoing severe symptoms of acute pancreatitis, refer patient to the emergency department or call RAAPID North: 1-800-282-9911.	
CHRONIC PANCREATITIS	Chronic pancreatitis or pancreas imaging abnormalities, refer to EZ GI CAT.	- Include detailed medical history - All relevant imaging (copy of report and findings for all) <2 Months - Alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), bilirubin, lipase - Creatinine - Electrolytes, CBC, triglycerides, cholesterol, calcium

HANDY RESOURCES

CONNECT MD (NON-URGENT TELPHONE ADVICE FOR EDMONTON & NORTH ZONES)

- Telephone: 1-844-633-2263 | Monday–Thursday: 9:00 a.m. – 6:00 p.m. | **Friday:** 9:00 a.m. – 4:00 p.m.
- Website: www.pcnconnectmd.com

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