7.0 GASTROENTEROLOGY

Last Revised: February 25 Last Reviewed: March 24

7.1 EOSINOPHILIC ESOPHAGITIS (EOE)/PPI-RESPONSIVE ESOPHAGEAL EOSINOPHILIA (PPI-REE)

Significant changes: 1) Addition of PPI-REE as a differential diagnosis; 2) Biopsies of the antrum or duodenum are no longer required unless clinically indicated; 3) Allergy consultation no longer required, only if clinically indicated.

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR	case-by-case [1]	case-by-case [1]	case-by-case [1]	case-by-case [1]	case-by-case [1]	case-by-case [1]	case-by-case [1]
WNR							
LBFS	No	No	No	No	No	No	No
EXCEPTIONS							
LIMDU/PEB	**May be required for esophagitis when it is persistent and not responsive to therapy (SECNAVINST 1850.4 series, encl (8)).**						

1. Current or history of esophageal disease is considered disqualifying. Waivers are considered on a case-by-case basis.

AEROMEDICAL CONCERNS: The condition or its sequelae can adversely affect flight performance, mission, or safety. Symptoms relevant to aviation include dysphagia, food impaction, nausea, vomiting, chest and or abdominal pain. The symptoms are of concern primarily due to the potential impact while operating the aircraft or their effects on mission completion. They may also require additional evaluations and specialty follow up.

ICD-9 Code/DIAGNOSIS:
530.13 Eosinophilic esophagitis
530.19 Other Esophagitis

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Gastroenterology or Internal Medicine* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- If *Gastroenterology or Internal Medicine* recommends restrictions, then documentation of physical and/or mental limitations and expected duration (permanent vs temporary).
- *Gastroenterology or Internal Medicine* recommendation for follow on care **documented** on last clinical note (electronic or paper).
- *Allergy* consultation, **if clinically indicated**.
- Copies of any prior PEB.
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	Annual Submission

Flight Surgeon comment regarding interval history & symptomatic control.
Specialist Evaluation: Gastroenterology, Internal Medicine, or Family Practice, unless otherwise specified by code 53HN.
Medication Stable Dose: PPI, swallowed steroids, non-sedating approved antihistamines, or cromolyn if necessary for management

APPENDICIES

References:

Dellon ES, Gonsalves N, Hirano I, et al. ACG clinical guideline: Evidenced based approach to the diagnosis and management of esophageal eosinophilia and eosinophilic esophagitis (EoE). Am J Gastroenterol 2013; 108:679.

7.2 CROHN'S DISEASE

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR							
WNR	X[1]	X[1]	X[1]	X[1]	X[1]	X[1]	X[1]
LBFS	No	No	No	No	No	No	No
EXCEPTIONS							
LIMDU/PEB	Required (SECNAVINST 1850.4 series, encl (8)).						

1. Crohn's Disease is CD, no waiver for all DIF. NAMI does not recommend waivers for Crohn's disease.

AEROMEDICAL CONCERNS: The condition or its sequelae can adversely affect the flight performance, mission, or safety. Frequent bowel movements are an inconvenience in flight, particularly when protective clothing is worn. Abdominal pain or hemorrhages can both cause subtle or sudden incapacitation in flight or performance degradation. Disqualifying anemia is a common complication. Surgical intervention may be necessary on an emergent basis for obstruction or hemorrhage.

A Grounding Physical is required.

DIAGNOSIS/ICD-9 Code:
555.9 Crohn's Disease

7.3 DIVERTICULAR DISEASE (DIVERTICULITIS)

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR		X	X	X	X	X	X
WNR	X						
LBFS	No	Yes	Yes	Yes	Yes	Yes	Yes
EXCEPTIONS	**Recurrent diverticulitis in applicants is CD, WNR**						
LIMDU/PEB	**May be required in severe cases of diverticular disease when associated with significant nutritional deficiency, treatment, or dietary restriction (SECNAVINST 1850.4 series, encl (8)).**						

AEROMEDICAL CONCERNS: The condition or its sequelae can adversely affect the flight performance, mission, or safety. Diverticular disease is associated with diverticulitis. Any history of diverticulitis is disqualifying. Diverticulitis is associated with pain, gastrointestinal motility dysfunction functional, abscess, and hemorrhage. Diverticulitis has a recurrence risk of 25% with an increasing risk of complications with each recurrence.

DIAGNOSIS/ICD-9 Code:
562.11 Diverticulitis of Colon

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Gastroenterology, Internal Medicine, or Surgery* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- Surgery/Procedure Note (electronic or paper) if performed including flexible sigmoidoscopy, colonoscopy, laparotomy, hemicolectomy.
- Hospital narrative summary if admitted.
- Copies of any prior PEB.
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	**Routine Submission**

Flight Surgeon comment regarding interval history & symptomatic control.
Specialist Evaluation: Gastroenterology, Internal Medicine, or Family Practice, unless otherwise specified by code 53 HN.

7.4 CHOLELITHIASIS AND CHOLECYSTITIS

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR	X	X	X	X	X	X	X
WNR							
LBFS	No	+/-[1]	+/-[1]	+/-[1]	+/-[1]	+/-[1]	+/-[1]
EXCEPTIONS	A history of cholecystectomy, either open or laparoscopic, is NCD for applicants after 6 months from surgery.						
LIMDU/PEB	Typically not required.						

1. LBFS is authorized for asymptomatic cholelithiasis and uncomplicated symptomatic cholelithiasis or cholecystitis successfully treated with cholecystectomy.

AEROMEDICAL CONCERNS: The condition or its sequelae can adversely affect the flight performance, mission, or safety. Current or history within the last six months of symptomatic cholelithiasis and/or cholecystitis are disqualifying. Asymptomatic gall stones are not disqualifying, but need special consideration in applicants. Aviators with symptomatic gall stones should be grounded until the stones are removed by open or laparoscopic cholecystectomy. Extracorporeal shock wave lithotripsy (ESWL) is not recommended in aviators because 35% of patients undergoing ESWL have 1 or more episodes of biliary colic before the clearance of all stone fragments. The member with a history of ESWL may apply for a waiver after a 6-month period free of biliary colic. Cholecystectomy is disqualifying for the first six month postoperative for aviation except Air Traffic Controllers. For Air Traffic Controllers, cholecystectomy is NCD once the condition is resolved and the member is asymptomatic.

DIAGNOSIS/ICD-9 Code:
574.2 Gallstones
574.0 Gallstones with acute cholecystitis
574.2 Gallstones without cholecystitis
575.0 Acute Cholecystitis
575.11 Chronic Cholecystitis
P51.22 Cholecystectomy

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *specialist* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- If *specialist* recommends restrictions, then documentation of physical and/or mental limitations and expected duration (permanent vs temporary).
- *Specialist* recommendation for follow on care **documented** on last clinical note (electronic or paper).
- Surgery/Procedure Note (electronic or paper).
- Completed *specialist* recommended course of *physical therapy/rehabilitation/counseling* and provide end of care summary.
- Copies of any prior PEB.
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	Routine Submission

Flight Surgeon comment regarding interval history & symptomatic control.

7.5 GASTRITIS, DUODENITIS

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR		X	X	X	X	X	X
WNR	X						
LBFS	No	No	No	No	No	No	No
EXCEPTIONS							
LIMDU/PEB	**May be required when condition is not responsive to therapy or requires hospitalization (SECNAVINST 1850.4 series, encl (8)).**						

AEROMEDICAL CONCERNS: The condition or its sequelae can adversely affect the flight performance, mission, or safety. Current gastritis or non-ulcerative dyspepsia requiring maintenance medication is disqualifying. Gastritis is an inflammatory process resulting in mucosal injury and is frequently associated with infections such as *Helicobacter pylori*. Gastropathy is mucosal damage without inflammation resulting from alcohol, aspirin, and NSAIDS. Both gastritis and gastropathy can cause abdominal pain, vomiting and Mallory-Weiss tears, gastrointestinal hemorrhage, and anemia (acute blood loss, iron deficiency, pernicious).

DIAGNOSIS/ICD-9 Code:
535.50 Gastritis/Duodenitis
535.3 Acute Gastritis
535.6 Acute Duodenitis

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Gastroenterology or Internal Medicine* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- If *Gastroenterology or Internal Medicine* recommends restrictions, then documentation of physical and/or mental limitations and expected duration (permanent vs temporary).
- *Gastroenterology or Internal Medicine* recommendation for follow on care **documented** on last clinical note (electronic or paper).
- Surgery/Procedure Note (electronic or paper).
- Copies of any prior PEB.
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	**Routine Submission**

Flight Surgeon comment regarding interval history & symptomatic control.

7.6 GILBERT'S SYNDROME

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD							
NCD	**X**	**X**	**X**	**X**	**X**	**X**	**X**
WR							
WNR							
LBFS	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
EXCEPTIONS							
LIMDU/PEB	**Not required.**						

AEROMEDICAL CONCERNS: No significant aeromedical concerns.

DIAGNOSIS/ICD-9 Code: ***(Do not list any NCD diagnosis or codes.)***
277.4 Gilbert's Syndrome

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Gastroenterology or Internal Medicine* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	**Routine Submission**

7.7 VIRAL HEPATITIS

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR		case-by-case [1]	case-by-case [1]	case-by-case [1]	case-by-case [1]	case-by-case [1]	case-by-case [1]
WNR	X						
LBFS	No	No	No	No	No	No	No
EXCEPTIONS							
LIMDU/PEB	**May be required with persistent symptoms, persistent evidence of impaired liver function, or presence of chronic biomarkers indicating chronic condition (SECNAVINST 1850.4 series, encl (8)).**						

1. Acute viral hepatitis requires grounding while member is symptomatic and is CD when resolved with waivers recommended on case-by-case basis.

AEROMEDICAL CONCERNS: The condition or its sequelae can adversely affect the flight performance, mission, or safety. Current viral hepatitis or unspecified hepatitis is disqualifying. History of hepatitis in the preceding six months is disqualifying. The symptoms of acute and chronic hepatitis relevant to aviation are mainly fatigue, malaise, and nausea; other symptoms may occur which could be distracting in flight. Cases may progress to cirrhosis, which has its own aeromedical significance. Care should be taken to identify whether or not alcohol has contributed to the disease. Public health concerns of hepatitis A transmission should be paramount in the flight surgeon's thought process. Significant advances in antiviral therapy for chronic HBV and HCV infections have resulted in improved cure rates and greater potential for waiver consideration.

DIAGNOSIS/ICD-9 Code:
070.1 Viral hepatitis A without coma
070.3 Viral hepatitis B without coma
070.54 Chronic viral hepatitis C without coma

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Infectious Diseases/GI* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- If *Infectious Diseases/GI* recommends restrictions, then documentation of physical and/or mental limitations and expected duration (permanent vs temporary).
- *Infectious Diseases/GI* recommendation for follow on care **documented** on last clinical note (electronic or paper).
- Copies of any prior PEB.
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	**Annual Submission**

Flight Surgeon comment regarding interval history & symptomatic control.
Specialist Evaluation: Gastroenterology, Infectious Diseases, or Internal Medicine, unless otherwise specified by code 53 HN.

7.8 IRRITABLE BOWEL SYNDROME

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case
WNR							
LBFS	No	No	No	No	No	No	No
EXCEPTIONS	NCD if asymptomatic and controlled by diet alone.						
LIMDU/PEB	Typically not required.						

AEROMEDICAL CONCERNS: The condition, its sequelae, or treatment can adversely affect the flight performance, mission, or safety. Irritable bowel syndrome is disqualifying unless asymptomatic and controlled by diet alone. The urgency and frequency of defecation, together with the discomfort felt by many patients, can be distracting in flight and can be inconvenient when living in field conditions. Many treatments are incompatible with flying duties. There is a tendency for the syndrome to be associated with depression and anxiety.

DIAGNOSIS/ICD-9 Code:
564.1 Irritable Bowel Syndrome

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Internal Medicine or Gastroenterology* care with recommendation of return to flight status with no restrictions **documented** on last clinical note (electronic or paper).
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	Annual Submission

Flight Surgeon comment regarding interval history & symptomatic control.
Specialist Evaluation: Gastroenterology or Internal Medicine, unless otherwise specified by code 53 HN.

7.9 PEPTIC ULCER DISEASE

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR		case-by-case	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case
WNR	X						
LBFS	No	No	No	No	No	No	No
EXCEPTIONS							
LIMDU/PEB	Typically not required.						

AEROMEDICAL CONCERNS: The condition, its sequelae, or treatment can adversely affect the flight performance, mission, or safety. Peptic or duodenal ulcer disease is disqualifying. The major concern is the risk of acute hemorrhage or perforation in flight. Chronic blood loss can cause iron deficiency anemia, which can then lead to subtle or sudden incapacitation, or cardiorespiratory compromise in flight.

DIAGNOSIS/ICD-9 Code:
531.9 Gastric Ulcer
532.9 Duodenal Ulcer

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Gastroenterology or Internal Medicine* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- If *Gastroenterology or Internal Medicine* recommends restrictions, then documentation of physical and/or mental limitations and expected duration (permanent vs temporary).
- *Gastroenterology or Internal Medicine* recommendation for follow on care **documented** on last clinical note (electronic or paper).
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	**Annual Submission**

Flight Surgeon comment regarding interval history & symptomatic control.
Specialist Evaluation: Gastroenterology or Internal Medicine, unless otherwise specified by code 53 HN.

7.10 GASTROESOPHAGEAL REFLUX DISEASE (GERD) & HIATAL HERNIA

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case
WNR							
LBFS	No	Yes	Yes	Yes	Yes	Yes	Yes
EXCEPTIONS							
LIMDU/PEB	May be required when severe and not responsive to therapy (SECNAVINST 1850.4 series, encl (8)).						

AEROMEDICAL CONCERNS: The condition, its sequelae, or treatment can adversely affect the flight performance, mission, or safety. GERD is disqualifying. Retrosternal pain associated with either condition can be distracting in flight. Exposure to -Gz may exacerbate the symptoms of both esophagitis and hiatus hernia.

DIAGNOSIS/ICD-9 Code:
530.81 Esophageal reflux
530.11 Reflux esophagitis
530.3 Esophageal stricture
530.7 Mallory-Weiss tear
553.3 Hiatal Hernia

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Gastroenterology or Internal Medicine or Family Medicine* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- If *Gastroenterology or Internal Medicine or Family Medicine* recommends restrictions, then documentation of physical and/or mental limitations and expected duration (permanent vs temporary).
- *Gastroenterology or Internal Medicine or Family Medicine* recommendation for follow on care **documented** on last clinical note (electronic or paper).
- Copies of any prior PEB.
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.
Include the GERD Worksheet (WS-GERD) – uploaded to AERO.

FOLLOW UP REQUIREMENTS	Routine Submission

Flight Surgeon comment regarding interval history & symptomatic control.

7.11 ULCERATIVE COLITIS

	Applicant	Class I			Class II	Class III	Class IV
		SG 1	SG 2	SG 3			
CD	X	X	X	X	X	X	X
NCD							
WR		case-by-case	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case
WNR	X						
LBFS	No	No	No	No	No	No	No
EXCEPTIONS							
LIMDU/PEB	**May be required when significantly affecting nutritional status or requiring significant dietary restrictions (SECNAVINST 1850.4 series, encl (8)). All members requiring surgery for control of the disease must have a PEB finding them fit for full duty before waiver consideration.**						

AEROMEDICAL CONCERNS: The condition, its sequelae, or treatment can adversely affect the flight performance, mission, or safety. Ulcerative colitis or ulcerative proctitis is disqualifying. There is a small risk of subtle or sudden in-flight incapacitation. Discomfort and fatigue persist between episodes, which can detract from operational performance and availability. Patients may have diarrhea and considerable urgency of defecation. Iritis is a complication in up to 3% of patients.

DIAGNOSIS/ICD-9 Code:
556.9 Ulcerative Colitis
556.1 UC controlled with Azulfidine

SERVICE MEMBER MUST COMPLETE PRIOR TO INITIATING WAIVER

- Released from *Gastroenterology* care with recommendation of return to flight status and no restrictions **documented** on last clinical note (electronic or paper).
- If *Gastroenterology* recommends restrictions, then documentation of physical and/or mental limitations and expected duration (permanent vs temporary).
- *Gastroenterology* recommendation for follow on care **documented** on last clinical note (electronic or paper).
- Copies of any prior PEB.
- Email or provide administrative information to include command UIC, command address, personal address, phone number, designator, flight hours (total and last 6 months), primary aircraft flown, and years of service.

AEROMEDICAL SUMMARY REQUIRED DOCUMENTATION BY FLIGHT SURGEON

All associated documentation.

FOLLOW UP REQUIREMENTS	Annual Submission

Flight Surgeon comment regarding interval history & symptomatic control.
Specialist Evaluation: Gastroenterology, unless otherwise specified by code 53 HN.