

Tests, treatments and procedures at risk of inappropriateness in Italy that Physicians and Patients should talk about

Five Recommendations from the Italian Association of Hospital Gastroenterologists and Digestive Endoscopists (AIGO) – Second List

1	<p>Do not request surveillance investigations for patients with pancreatic cysts who are poor surgical candidates, irrespective of cysts nature and characteristics.</p> <p>Pancreatic cystic lesions are an increasingly common finding, usually incidentally detected at abdominal investigations requested for other indications, due to the increased quality of imaging modalities. Patients with asymptomatic pancreatic cysts who are medically unfit for surgery, or unwilling to undergo surgery, should not undergo further investigations, irrespective of cyst size and characteristics, as these are not expected to change the clinical management.</p>
2	<p>Do not request esophagogastroduodenoscopy in patients with recent onset of upper gastrointestinal symptoms younger than 50 years, without alarm features.</p> <p>Upper GI symptoms are very common, affecting 20 to 40% of the general population and the majority of them refers to dyspepsia. Guidelines suggest to perform EGD in dyspeptic patients aged over 45–60 years or in those presenting with alarm features, such as a family history of upper GI malignancy in a first-degree relative, unintended weight loss, GI bleeding or iron deficiency anemia, dysphagia, odynophagia, persistent vomiting, even if younger than 50 years of age.</p>
3	<p>Do not request surveillance colonoscopy for asymptomatic colonic diverticular disease without changes in symptoms.</p> <p>The term merely identifies presence of diverticula in the colon, characterized by a favorable course and, generally, absence of symptoms. Colonoscopy is not indicated in patients with asymptomatic colonic diverticulosis and in patients with symptomatic uncomplicated diverticular disease. Colonoscopy is usually advisable after the first episode of AD in all patients (to exclude neoplasia); in the management of diverticular acute hemorrhage; to rule out other pathologies such as segmental colitis associated to diverticula.</p>
4	<p>Do not perform food intolerance tests except for those scientifically validated.</p> <p>The only validated diagnostic test is lactose breath-test for lactose intolerance. Others test such as VEGA-test, Cytotoxic test, serum specific IgG4 determination, hair analysis, intestinal permeability, salivary IgA, “bioresonance” techniques, fecal microbial analysis and fecal short-chain fatty acids are unvalidated, expensive and can lead patients to inappropriate and potentially harmful diets, with no benefit on their symptoms. The results of such tests may be inconsistent and there is lack of evidence to support their use in clinical practice.</p>
5	<p>Do not prescribe proton pump inhibitors to patients with liver cirrhosis, outside of established indications.</p> <p>In patients with chronic liver disease and portal hypertension, even though acid secretion is markedly reduced, PPI therapy is often used even in the absence of an acid-related disease, in order to prevent bleeding from hypertensive gastropathy. This approach is not evidence-based and therefore not justified. In acute variceal bleeding, PPIs should be stopped immediately after the procedure unless there is a strict indication to continue them. In cirrhotic patients PPI use could be associated with an increased risk of complications, including spontaneous bacterial peritonitis, hepatic encephalopathy, mortality, and infections (gastroenteritis, lower respiratory and urinary tract infections).</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

How this list was created

AIGO established a working group, coordinated by components of the National Directory and composed of members of the Youth Commission; a survey was proposed to all the regular members of the society to solicit proposals. The working group then considered the most relevant arguments and elaborated the five recommendations, according to guidelines and best clinical practices. Sources were updated in May 2026.

Sources

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Slow Medicine ETS, an Italian Third Sector organization of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign "Doing more does not mean doing better- Choosing Wisely Italy" in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

AIGO (Italian Association of Hospital Gastroenterologists and Digestive Endoscopists) was established in Rome in 1969; it was established in response to the high incidence, prevalence, and social impact of diseases on the digestive system; its goal is the continued development of Gastroenterology and Digestive Endoscopy; it proposes and supports both a network of hospitals and territory capable of providing answers regarding appropriateness and adequate distribution of resources. It is articulated in regional sections, committees and study groups. Its goal is to develop understanding of the pathologies and preventative techniques, as well as to promote progress in the field of prevention, curing and rehabilitation of gastrointestinal diseases. It strives to further education and empowerment for science, technology, and organization of Gastroenterology, also in collaboration with regulatory authorities. www.webaigo.it