



Coeliac disease: testing and follow-up

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Confirm before changing your diet

Coeliac disease is a lifelong immune condition, not simply an intolerance. Keep eating gluten until your clinical team has completed the diagnostic plan. Feeling better without wheat does not establish the diagnosis.

Blood tests

The usual first tests are tTG-IgA and total IgA. Low IgA needs a different approach. Negative antibodies are less reliable after gluten restriction. A positive result needs an agreed diagnostic assessment.

Gastroscopy and biopsies

Gastroscopy samples the duodenum, which can look normal despite microscopic changes. I review the actual antibody result, symptoms and any other reason for gastroscopy before agreeing the diagnostic approach with you.

Already gluten-free?

Bring old results and explain how long you have avoided gluten. Gene testing can sometimes help exclude coeliac disease, but a positive gene test does not diagnose it. Any gluten challenge needs an agreed plan.

After diagnosis

Treatment is a strict lifelong gluten-free diet, supported by a dietitian and Coeliac New Zealand. Review nutrition, deficiencies, bone health and family testing. Symptoms can improve before the lining has healed.

Continue follow-up

Review symptoms, weight, diet, antibodies and deficiencies together. Normal antibodies do not prove healing. The endoscopy and/or histology report documents recommended follow-up after biopsies. New weight loss, continuing anaemia or worsening pain need review.

Severe pain, vomiting blood, black tarry stools with faintness or collapse need urgent assessment. Call 111 if you collapse or are too unwell to travel safely.





Understand the test before changing your diet

Why a biopsy may be useful

A camera view and a tissue sample have different roles

Gastroscopy and laboratory assessment provide different information.

Gastroscopy

Examines the upper digestive tract
A normal view can still need biopsies

Duodenal samples

Tiny pieces of the surface lining
Samples sent to the laboratory

Microscopic interpretation

Villi, crypts and inflammatory cells
Not one feature in isolation

Confirmation

Tissue, antibodies and history
Selected specialist pathways vary

Shortened villi have other causes too; the finding alone is not a diagnosis.

Gastroscopy can take tiny samples from the duodenum. The laboratory assesses villous architecture and other tissue changes. A normal camera appearance does not exclude microscopic disease.

Read this illustration alongside the advice in this guide.

