GI BLEED

DEFINITIONS

- Haemetemesis – Vomiting fresh/altered blood
- Melena – Altered blood in faeces
- Hematochezia – Fresh blood/clots per rectum
- Faecal occult blood – Not visible, detected by lab tests for RBC degradation products
- Obscure Bleeding – GI blood loss, unknown origin, recurs/persists after intial neg endoscopic eval.

SYMPTOMS

- Acute bleed –upper/lower
- Fatigue, weakness, abd pain,pallor
- Hypotension, hypovolemicshock

CAUSES UPPER GI

- Peptic ulcer
- Gastric or esophageal varix
- Esophagitis
- Upper gastrointestinal tract tumor
- Angioma
- Mallory-Weiss tear
- Erosions
- Dieulafoy's lesion
- Other

CAUSES LOWER GI

- Diverticulosis
- Colon cancer or polyps
- Colitis (Noninfectious & Infectious)
- Ischemic colitis
- IBD
- Angioectasia
- Postpolypectomy
- Rectal ulcer
- Hemorrhoids
- Anorectal source
- Radiation colitis
- Other
- Unknown

SCORING SYSTEM

- Rockall scoring for upper GI(0-11)
- Parameters:-
  - Age
  - Pulse rate
  - Systolic BP
  - Comorbidity
  - Endoscopic Dx
  - Endoscopic stigmata of recent bleed
- <3=Good, >8=Very bad

SCORING ALTERNATE

- Glasgow –Blatchford:-
  - Whom to Rx as OP

MANAGEMENT

- Stabilize the patient
- Stop the bleeding
- Find the source of bleeding
- Prevent recurrence of bleeding

IMMEDIATE

- Assess clinicalstatus
  - PR, BP, RR, Conciousness
- Large bore IV access –2
- Stabilizehaemodynamics
  - IV fluids, PRBC, Whole blood
  - Vasopressors
- NG aspirate – Large bleeds, doubtful bleeds

LAB TESTS

- Complete blood counts
  - Hb, TC, DC, ESR
- Coag profile
  - PT, INR, APTT, Platelet count
- Blood group, cross-match
- LFT
- RFT

SPECIAL INVESTIGATIONS

- Tagged RBC scintigraphy
- Arteriography

HISTORY & EXAMINATION

- Drugs – OAC, NSAID, Aspirin, Doxycycline
- Alcohol, Chronic Liver Disease
- Coagulation disorders
- Retching
- Carcinoma, Polyps
- Radiation, Surgery (abd, aortic)
- H/o embolism

EXTRAS

- Stop anticoagulants
- FFP
- Vit K
- Protamine (for heparin)
- Platelet conc – for low platelet count
- Enema, prokinetics
- ETT – Unconscious, severe bleed

SPECIALS

- Non-variceal –PPI
- Variceal-
  - Octreotide (synthetic Somatostatin)
  - Vasopressin
- CLD -Cephalosporins

INTERVENTIONS

- Endoscopy:-
  - Diagnostic
  - Therapeutic – Ligation, Banding, Clipping, Sclero
- Sengstaken-Blakemore tube:-
  - Variceal bleed
- Embolisation of bleedingartery

SURGICAL OPTION

- Indication:-
  - Haemodynamic instability
  - Clinical deterioration
  - >6 units of transfusion
  - Persistent/Recurrent bleed

SURGERY - HOW

- Excision
- Under-running sutures
- Ligation of artery
- TIPSS
- Splenectomy

OBSCURE TYPE

- Headache for gastroenterologist
- Capsule endoscopy
- Exploratory laparotomy

PROPHYLAXIS

- Peptic ulcer –
  - PPI
  - H.Pylori eradication
- Variceal –
  - Bblockers
  - TIPSS
  - Splenectomy