Acute Upper GI Bleed – Can We Do Better?

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INTRODUCTION

Acute upper gastrointestinal bleeding (AUGIB) is a common medical emergency, with an estimated incidence of 134 per 100,000 population[1] and our expected annual incidence in NHS D&G is 201. Mortality related to AUGIB remains at 10%[1], and British society of gastroenterology (BSG) has developed a bundle focusing on restrictive blood transfusion, continuation of aspirin, timing of endoscopy and IV PPI usage in 2019, which aims to improve care and clinical outcome.

METHODS

112 patients who received upper GI endoscopy over 01/10/2020 to 30/12/2020 were included in this study.

RESULTS

Completion of AUGIB bundle: **0%** compliance

RBC transfusion regime: 41% patients were transfused at Hb >80g/L

Continuation of aspirin: 40% of patients

Variceal bleeds: 50% of patients prescribed IV terlipressin

IV high dose proton pump inhibitor (PPI) prior to scope: 64% of patients

Timing of endoscopy: average 72 – 105 hours from presentation (quickest 4 hours)

RECOMMENDATIONS

Recognition

Trigger the AUGIB if patient presents with **ANY** of the following:

- Haematemesis
- Melaena
- Coffee ground vomiting

Resuscitation

ONLY TRANSFUSE: if Hb <70g/L unless history of cardiac disease or haemodynamically unstable

Restrictive blood transfusion (threshold 70 - 80g/L) is associated with reduction in all-cause mortality, rebleeding and number of transfusions

Risk stratification

Calculated Glasgow-Blatchford score (0 – 23): if score ≤1, can consider outpatient management

Treatment

Suspected cirrhosis/variceal bleeding: IV terlipressin 2mg QDS **AND** IV broad spectrum antibiotics

Reduces mortality, bacterial infections and rebleeding

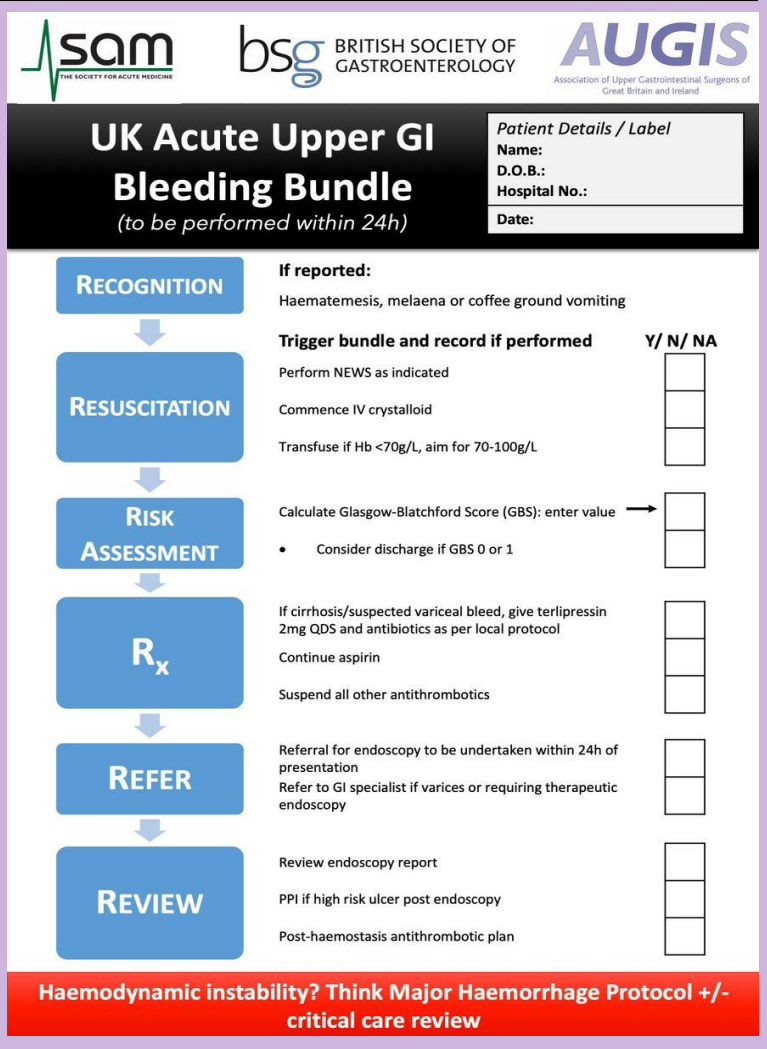
Continue aspirin: **3x** increased risk of cardiovascular or cerebrovascular events

Suspend all other antiplatelets and anticoagulants

SPEAK TO CARDIOLOGY IF HISTORY OF RECENT PCI

Refer

UGIE should be performed within 24 hours of presentation!



Review

If peptic ulcer: Hong Kong protocol (IV 80mg omeprazole STAT, then 8mg/hour IV infusion over 3 days)

No effect on clinical outcome when PPI given prior to UGIE

To **resume** antiplatelets and anticoagulants once haemostability is achieved

DISCUSSION

IV PPI is commonly commenced prior to scope in DGRI, despite not recommended by NICE or BSG. We think that might have to do with anticipation of delay in timing of OGD.

We hope this audit encourage the use of AUGIB bundle; which follows restrictive protocol for blood transfusion, continuation of aspirin and early referrals for urgent endoscopy!

For more information – **refer to handbook**

References
Siau K., Hearnshaw S., Stanley A.J., *et al.* British Society of Gastroenterology (BSG)-led multisociety consensus care management of acute upper gastrointestinal bleeding. *Frontline Gastroenterol. 2020;* **11**: 311 - 323