

JOINT EVENT

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Pre-endoscopy diagnosis and management of nonvariceal upper gastrointestinal haemorrhage in Sligo University Hospital (SUH)

Joseph Kelly, N M Fearon and T O Hanrahan
Sligo University Hospital, Ireland

Aim & Objectives: The aim of the study is to evaluate the pre-endoscopy management of patients with symptoms of non-variceal upper gastrointestinal (UGI) bleeding and to assess adherence to established guidelines from the European Society of Gastrointestinal Endoscopy (EGSE). The primary objective was to determine time to endoscopy. Secondary objectives included evaluation of a risk stratification score and appropriate prescription of medications including proton pump inhibitors (PPI), tranexamic acid, erythromycin and octreotide. Prior history of antiplatelet and anticoagulant was also noted.

Methodology: Patients with non-variceal UGI bleeding over a three-month period were identified from a prospectively maintained database of all surgical admissions in Sligo University Hospital (SUH). A chart review was carried out and data regarding presentation and management prior to endoscopy was collected.

Results: Twenty-two patients met the inclusion criteria (mean age 64, 6 female). Twenty patients (91%) underwent endoscopy, three within 12 hours and a further 14 within 24 hours (total 85%). Three patients (15%) had delayed endoscopy >24 hours after admission. Further analysis of nine patients revealed that six patients were administered an 80 mg PPI bolus and eight were commenced on twice daily esomeprazole 40 mg. No patients received a PPI infusion. Three patients received tranexamic acid (not recommended in EGSE Guidelines) and three patients received red cell concentrate. Four were taking aspirin and one was taking a DOAC (Direct Oral Anticoagulants). None of these patients had a documented risk stratification score.

Conclusions: There is variability in management of UGI bleeding in SUH. Improving awareness and education could ensure further improvement in time to endoscopy and implementation of EGSE recommendations. A carepathway will be implanted in the Emergency Department.

josephpk@live.com