Approach to GI Bleeding



Richard Sim Department of Surgery Tan Tock Seng Hospital



'Hemorrhage is the most pressing of all surgical emergencies.' Percy Sargent, 1907

'The only hemorrhage you need fear is when you can hear it or If it's your own blood.'

Richard Sim, 2003

Gastrointestinal Bleeding

- •Upper GI bleeding
- ·Lower GI bleeding
- •GI bleeding of Obscure Origin

Objectives

- Recognise GI bleed
- Risk stratification
- Resuscitation
- Specific disease entities

Approach

- Acute vs Chronic
- •Upper vs Lower GI
- Anatomy vs Pathology
- Diagnostic vs Therapeutic
- •General vs Specific

Acute vs Chronic

- Rate of bleeding
- Intestinal transit
- Pathology
- Urgency of management

Upper vs Lower GI

- Symptoms and signs
- Anatomy
- Endoscopy
- History, Physical exam

Anatomy

- Oronasal
- •Esophagus
- •Stomach
- •Duodenum
- •Small bowel
- ·Large bowel
- Anorectal

Pathology

- Congenital vs Acquired
- Infection vs Inflammation/Immunological
- Benign vs Malignant neoplasm
- •Trauma vs Iatrogenic
- Endocrine vs Metabolic
- Vascular vs Degenerative
- Drugs vs Psychogenic

Pathology

- •V ascular
- •I nflammatory/infectious
- •N eoplastic
- D egenerative/deficiency states
- •I ntoxication
- •C ongenital
- •A utoimmune/allergic
- •T rauma
- •E ndocrine including metabolic

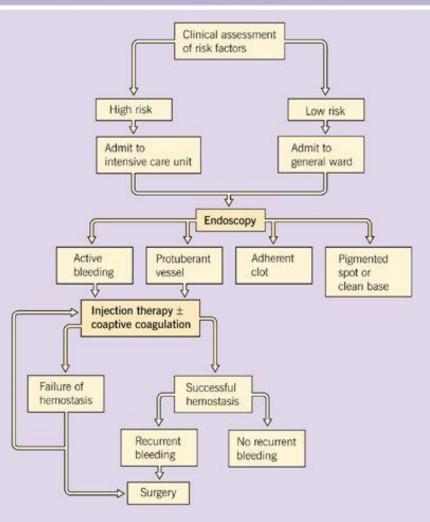
Investigations

- Hematological
- Biochemistry
- Radiological
- Endoscopy
- Others

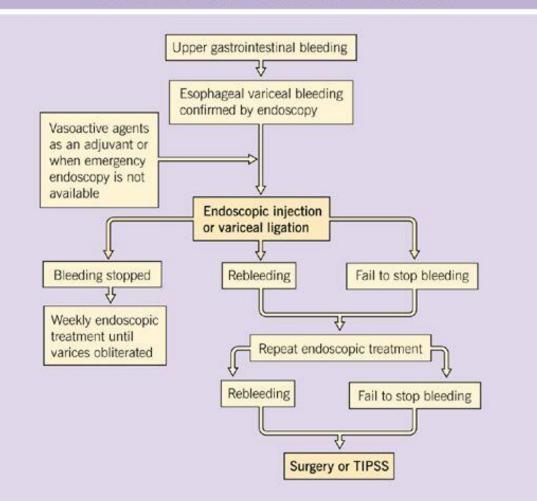
Management

- •NBM, N/G tube lavage
- I/V fluids, blood and blood products
- I/V omeprazole, Vit K, somatostatin
- Hourly parameters, urine output, I/O chart
- •FBC, U/E, LFT, PT/PTT, Ca/PO4, ABG
- •Oxygen, CXR, ECG
- Other adjuncts CVP, angiogram
- Consent for Endoscopy KIV laparotomy

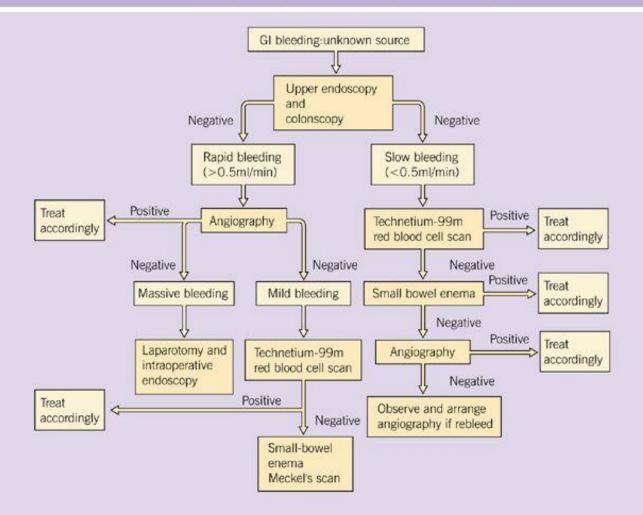
COMBINED MANAGEMENT FOR ACUTE ULCER BLEEDING



COMBINED MANAGEMENT OF ACUTE VARICEAL BLEEDING



MANAGEMENT OF GI BLEEDING OF OBSCURE ORIGIN



Conclusion

- Assess severity
- Resuscitate
- Correct coagulopathy
- Diagnose site of bleeding
- Stop bleeding

Conclusion - Further Reading

- •Peptic ulcer disease
- Esophageal varices
- •Gastric carcinoma
- •GERD
- •Diverticular disease
- •Angiodysplasia
- •Colonic neoplasm