

## STANDARD TREATMENT WORKFLOW (STW)

### Acute Gastrointestinal Bleed in Adults – Part B

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### Standard Treatment Workflow (STW)

## ACUTE GASTROINTESTINAL BLEED IN ADULTS - PART B

ICD-10-K92.2

### INTERVENTIONAL MANAGEMENT

#### UPPER GI ENDOSCOPY (UGIE)

##### PORTAL HYPERTENSION (PHT)

###### ESOPHAGEAL VARICES:

- Variceal band ligation is preferable
- Sclerotherapy if band ligation not feasible/ available

###### FUNDAL VARICES:

- 0.5 - 1 mL of Cyanoacrylate glue injection per varix

##### GASTRIC OR DUODENAL ULCER

###### ULCER WITH ACTIVE SPURT/ SLOW Oozing/ VISIBLE VESSEL:

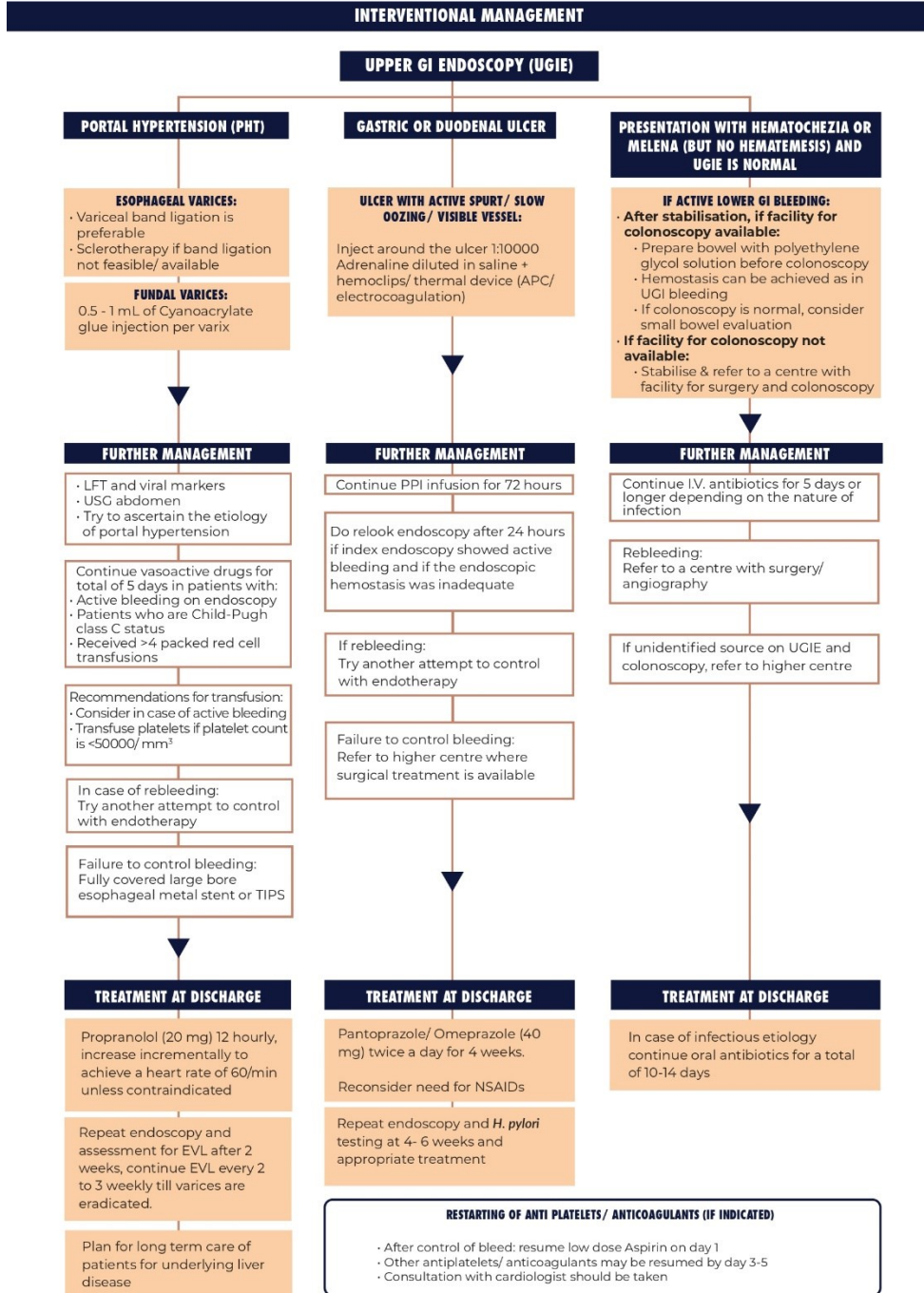
- Inject around the ulcer 1:10000 Adrenaline diluted in saline + hemoclips/ thermal device (APC/ electrocoagulation)

##### PRESENTATION WITH HEMATOCHEZIA OR MELENA (BUT NO HEMATEMESIS) AND UGIE IS NORMAL

###### IF ACTIVE LOWER GI BLEEDING:

- After stabilisation, if facility for colonoscopy available:
  - Prepare bowel with polyethylene glycol solution before colonoscopy
  - Hemostasis can be achieved as in UGI bleeding
  - If colonoscopy is normal, consider small bowel evaluation
- If facility for colonoscopy not available, consider small bowel evaluation

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DISCHARGE CRITERIA			
Hemodynamically stable	Heart rate <90/min	Patient is conscious	No bleeding for at least the past 72 hours (as indicated by no further fall in hemoglobin)

ABBREVIATIONS		
<b>APC:</b> Argon plasma coagulation <b>EVL:</b> Endoscopic variceal ligation <b>GI:</b> Gastrointestinal <b>H. pylori:</b> <i>Helicobacter pylori</i>	<b>LFT:</b> Liver function test <b>NSAIDs:</b> Non-steroidal anti-inflammatory drugs <b>PPI:</b> Proton pump inhibitor	<b>TIPS:</b> Transjugular intrahepatic portosystemic shunt <b>USG:</b> Ultrasonography

**IN ELDERLY PATIENTS WITH GI BLEEDING, ENSURE THAT MALIGNANCY HAS BEEN RULED OUT**

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: [stw.icmr.org.in](http://stw.icmr.org.in) for more information. ©Department of Health Research, Ministry of Health & Family Welfare, Government of India.