STANDARD TREATMENT WORKFLOW (STW)

Acute Gastrointestinal Bleed in Adults – Part B

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**Interventional Management**

**Upper GI Endoscopy (UGE)**

**Portal Hypertension (PHT)**

**Gastric or Duodenal Ulcer**

**Presentation with Hemahtocrixa or Melena (but no Hæmatemesis) and UGE is Normal**

**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

**Ulcerc with Active Spurt/ Slow Oozing/ Visible Vessel:**
Inject around the ulcer 10000 Adrenaline diluted in saline + hemoclip/ thermal device (APC/ electrocoagulation)

**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