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What proportion of patients with upper gastrointestinal bleeding requires emergency endoscopy?

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Abstract

Most patients who present with gastrointestinal bleeding have stopped bleeding when they arrive in hospital. Although it is standard practice for those who exhibit homodynamic instability or features of continued bleeding to undergo emergency endoscopy with view to endoscopic arrest of bleeding, the proportion of patients who require this has not been widely addressed.

Aim

A study was undertaken to determine

(i) The proportion of patients undergoing emergency endoscopy (after initial resuscitation) and

(ii) The proportion of patients undergoing semi urgent endoscopy (within 24 hours of presentation) who were found to have bleeding lesions which required endoscopic intervention to arrest haemorrhage

Methods

DESIGN: Database Review

SETTING: Tertiary Centre Surgical Gastrointestinal Unit

PERIOD: One year

INCLUDIONS: All patients undergoing emergency and semi urgent (within 24 hrs) diagnostic and/or therapeutic endoscopy.

EXCLUSION: Patients undergoing subsequent endoscopic procedures for repeat diagnostic or therapeutic procedures

EMERGENCY ENDOSCOPY: Patients with tachycardia, hypotension and/or evidence of continued bleeding e.g. haemetemesis while in hospital were resuscitated and then underwent emergency endoscopy.

SEMIURGENT ENDOSCOPY: Patients who did not have tachycardia or hypotension underwent endoscopy in the next available endoscopy session within 24 hours.

Results

7 out of 46 (15%) patients were found to have active bleeding on upper endoscopy.All the 7 (24%) patients belonged to the emergency group who were scoped immediately after resuscitation, while in the semi-urgent group none was found to have active bleeding when they were scoped within 24 hours after presentation to A & E.2 (7%) patients in emergency and 5(29%) patients in the semi-urgent group had stigmata of recent haemorrhage on endoscopy. The bleeding could have stopped in the interval between resuscitation and emergency endoscopy.

Conclusion

All patients with symptoms of upper GI bleeding do not require endoscopy immediately on arrival to the hospital as only 15% were found to be having active bleeding.

Although the bleeding may have ceased in the interval between resuscitation and emergency endoscopy, this relatively large proportion may reflect the comfortable safety margin of the selection criteria for emergency endoscopy, it may have implications on on-call emergency staffing