

March 24-25, 2022

Webinar

Journal of Surgery

ISSN: 1584-9341

Early vs Delayed Endoscopy for Upper Gastrointestinal Bleed: When clinical decisions do not alter prognosis

Bawar Saeed*Ipswich General Hospital, Australia*

Introduction

Gastrointestinal tract bleeding is a medical emergency. The availability of an on call endoscopic service is essential in the management of acute upper gastrointestinal bleeding (UGIB). Not all acute UGIB require urgent endoscopy. There are evidence-based clinical practice guidelines to direct immediate or delayed endoscopy. Inconsistency arises when management deviates from guidelines without clear benefit to patient.

Aims

To investigate whether clinical guidelines dictate management of acute UGIB and if deviation from them alter patient prognosis.

Methods

A retrospective analysis of 170 non-variceal UGIB patients presenting over 18 months was undertaken. Patients requiring referral to tertiary centre were excluded leaving 154 cases examined. Demographics, and GESA criteria for urgent endoscopy was compared to actual performance of intervention and whether time of day affected intervention decision.

Results

Most (82%) were over the age of 60 and 6% below 40. 53 presented out-of-hours initially hemodynamically unstable. Four (8%) met criteria for urgent endoscopic intervention. Performance of endoscopic evaluation/intervention out-of-hours was performed in a majority of these patients 31/53. 59 were evaluated on an elective endoscopy list within 12-hours of presentation with another 20 within 24-hours. 20 were deemed low-risk and discharged.

Conclusion

At a Brisbane peripheral hospital, general surgeons offer the on-call endoscopy service. In line with GESA guidelines, UGIB (or suspected) had evaluation within a 24-hour period. Low risk patients tended to be younger with inconsistent UGIB clinical presentation. There is a discrepancy in the indication for urgent endoscopy and practice. Older, co-morbid patients on anticoagulant or antiplatelets tended to be delayed whereas younger stable or stabilised patients had urgent endoscopy. The discrepancy with clinical requirement may be an inappropriate application of established guideline and use of resource.

Biography

[Bawar Saeed](#) is a General Surgery Registrar (trainee medical practitioner) for [Queensland Health](#) in Australia. He is a generally registered medical practitioner with the Australian Health Practitioner Regulation Agency (AHPRA). He has a Master in Traumatology specializing in Trauma Surgery from The University of Newcastle and Diploma of Surgical Sciences from Edinburgh University. He graduated from [Bond University Australia](#) with a MBBS and has been practicing and trained within Australian hospitals for the past 9 years with highly varied multidisciplinary hospital-based experience with 1.5 years as a Cardiothoracic Surgery Registrar and 3.5 years as a General Surgery Registrar.

Received: March 08, 2022; **Accepted:** March 10, 2022; **Published:** April 10, 2022