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Quality of Upper Gastrointestinal Bleeding Risk Stratification and Pre-endoscopic Management at an Irish University Hospital

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Introduction

Upper Gastrointestinal bleeding (GI) is a common presentation to hospital with significant associated mortality. Although endoscopy is often indicated, pre-endoscopic assessment and treatment plays an important role in managing these patients and reducing mortality.

Aim

To audit of admission risk stratification and quality of pre-endoscopic management using the 2015 European Society of Gastrointestinal Endoscopy (ESGE) Upper GI Non-Variceal Bleeding guideline as a standard.

Methods

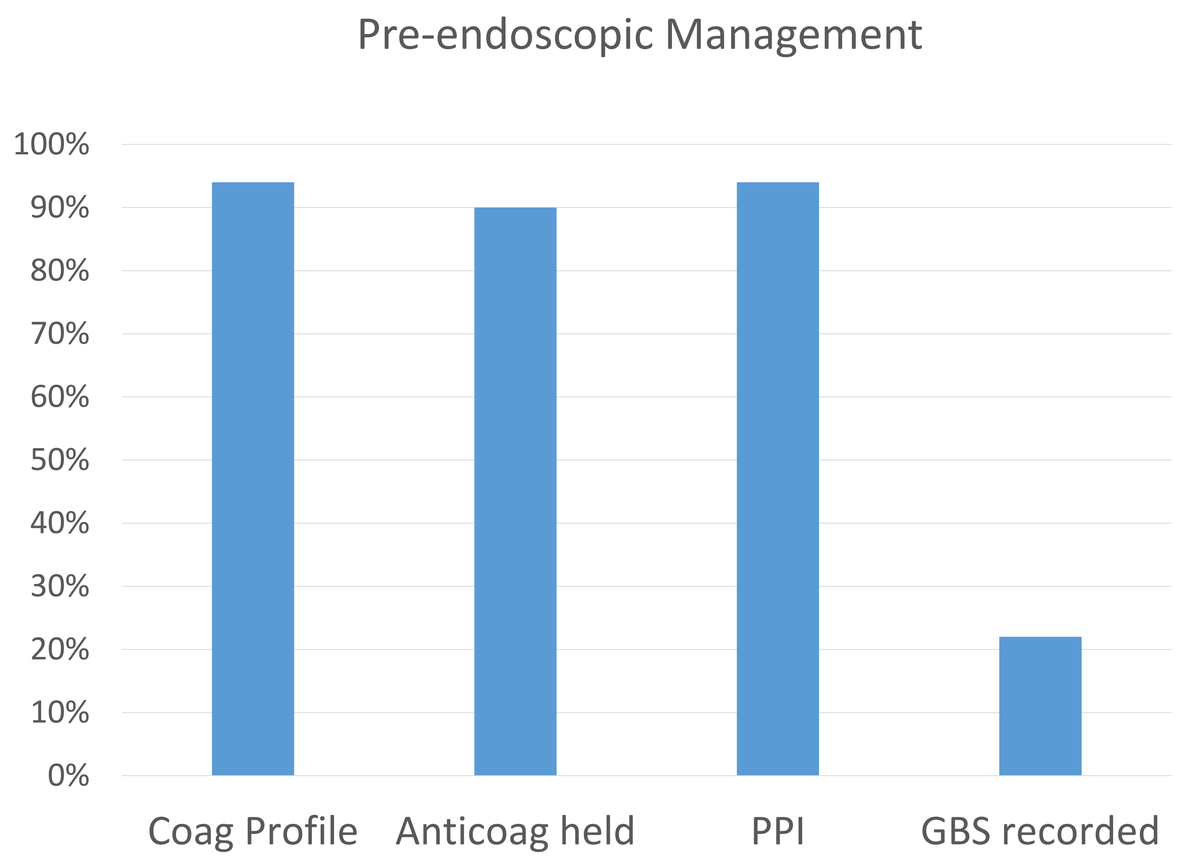
We performed a retrospective study analysing electronic endoscopy database from an academic teaching hospital over a 10-month period (October 2018 to August 2019). All upper GI endoscopies performed due to the indication of haematemesis, melaena and anaemia were analysed. Patients were excluded if procedure was performed as an outpatient.

Clinical data was obtained from Electronic Patient Records (EPR) and Glasgow Blatchford Score (GBS) was retrospectively calculated where not available using EPR data.

Results

Population	
Upper GI endoscopies	107
Median Age	68 (IQR 55-77)
Male	71 (66%)
Anaemia	90 (84%)
Melaena	75 (70%)
Haematemesis	48 (45%)
GI Bleed as primary presentation	77 (72%)
Median Haemoglobin (Hb)	8.7 g/dL (IQR 6.95-11.1)
Median GBS	8 (IQR 6-11)
Median length of stay	7 days (IQR 3.5-26)
Intensive care review	8 (7%)
Intensive care admission	4 (4%)

Results



Median time to endoscopy was 39 hours following admission or suspicion of GI bleed. 14 patients (13%) had a GBS > 12 with a median time to endoscopy of 20.5 hours among these high-risk patients.

GBS was recorded in 24 patients (22%). 9 patients (8%) admitted for GI bleed were found to have a GBS of 0 or 1. These patients had a median stay of 4.7 days with a cumulative of 64 bed days. None of these patients required endoscopic intervention when investigated.

62 patients (58%) were transfused during their stay, 10 of these patients had a Hb of > 9.

Discussion

GBS is a clinically useful and validated risk assessment score in correctly identifying high risk as well as very low-risk patients suitable for outpatient management and subsequent saving in hospital bed days. It is underutilised at point of admission/referral. A referral pathway for urgent outpatient endoscopy may be beneficial in improving utilisation.

Consideration of restrictive transfusion strategy should be given as it is associated with improved early survival rates.