Healthier Lancashire & South Cumbria

Gastroenterology Working Group and Interventional Radiology Working Group

Upper GI Bleed Pathway – Out of Hours

(Patients with an UGI bleed that cannot wait for treatment for 24 hrs)

1. **Key Conditions / Procedures**

The NICE Guideline for UGI Bleed outlines:

- first step resuscitation
- if unstable endoscopy immediately
- if stable endoscopy within 24 hrs

NICE Guidance then goes on to state:

> "Treatment after first or failed endoscopic treatment: Consider a repeat endoscopy, with treatment as appropriate, for all patients at high risk of re-bleeding, particularly if there is doubt about adequate haemostasis at the first endoscopy. Offer a repeat endoscopy to patients who re-bleed with a view to further endoscopic treatment or emergency surgery. Offer interventional radiology to unstable patients who re-bleed after endoscopic treatment. Refer urgently for surgery if interventional radiology is not available."

Therefore to create an equitable service that meets NICE guidance (specifically for patients with an UGI bleed that cannot wait for treatment for 24 hrs), the required components of a service for 24/7 emergency treatment of UGI bleeds are:

- 24/7 endoscopy availability (ideally by a medical gastroenterology consultant on call who is not part of the general medical rota)
- 24/7 IR availability
- 24/7 surgery availability

See pathway overleaf

2. Admission and Endoscopy

- Case must be admitted to the local trust where endoscopy is undertaken by the consultant medical gastroenterologist on call
- If endoscopic treatment is not successful a second endoscopy should be considered

3. Imaging

- Three phase CT to be performed at local site
- NB These cases can be discussed with the IR on the phone and the IR can decide on an individual basis whether a CT is required prior to transfer e.g. if it is a known upper GI cause such as bleeding duodenal ulcer on endoscopy, an up to date CT may not be necessary as long as there is an old CT to allow assessment of arterial anatomy

4. Transfer to Trust if IR is Indicated

- Case must be discussed by the referring consultant medical gastroenterologist with the consultant medical gastroenterologist on call at ELHT or LTHT prior to discussion with IR consultant*
- Consultant medical gastroenterologist on call at the referring hospital should discuss with IR consultant on call (prior to transfer)
- Address anticoagulant therapy and any clinical situations prior to transfer
- If patient is agreed as requiring IR intervention, the referring consultant medical gastroenterologist should arrange admission to medical ward at ELHT or LTHT under the care of consultant medical gastroenterologist on call (the admitting consultant medical gastroenterologist will inform the bed manager of pending admission)

- These patients will be haemodynamically unstable and as such may require anaesthetic support and critical care

5. IR Procedure

- Plan to undertake procedure at appropriate time
- The patient must have a suitable ward to return to and bed availability will need to be confirmed prior to the commencement of the procedure

6. Post IR Procedure Care

- Post IR Procedure care on medical ward or critical care

7. Emergency Surgery

- In some cases endoscopic treatment and interventional radiology intervention do not resolve the emergency GI bleed. Emergency surgery is then indicated and there should **not be a further transfer** of the patient. Emergency surgery should take place at the trust where the patient has received IR intervention, with an internal transfer to the surgical team.
- Post op care may require critical care involvement

8. Repatriation

- Repatriate to referring trust once all emergency treatments have been undertaken and patient is clinically stable

*The purpose of the conversation with the consultant medical gastroenterologist receiving the patient is:

- To consider whether the patient is fit for transfer
- To consider whether appropriate local gastroenterology options have been explored and that IR is appropriate
- To ensure the patient is admitted under the correct consultant

NB This is a guideline – treatment decisions should always be made based on clinical presentation and expert assessment.

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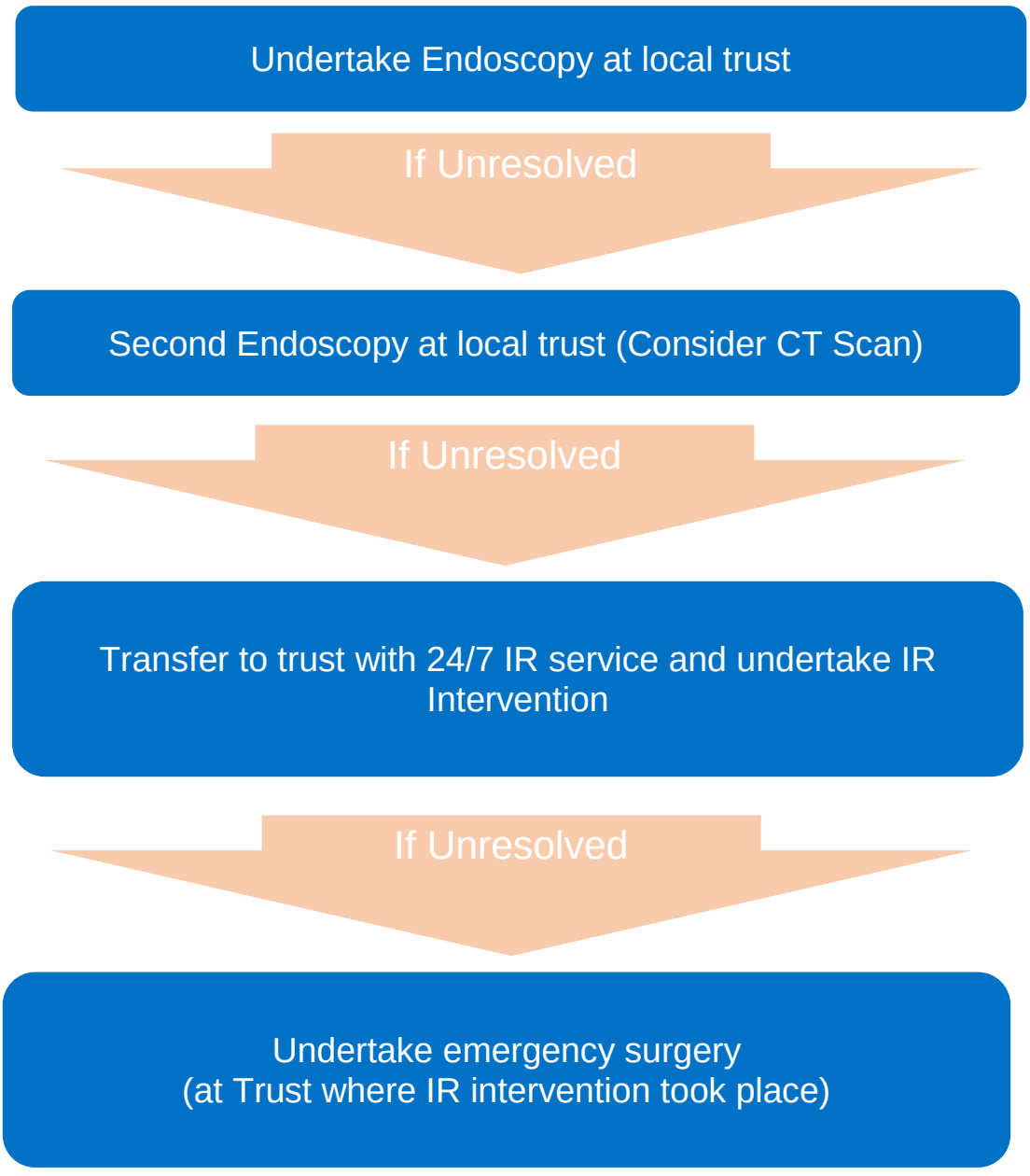
GI Bleeds OOH that cannot wait until following morning



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