

# ACG issues guideline for management of upper GI bleeding

May 25 2021

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(HealthDay)—In an American College of Gastroenterology clinical

guideline, published in the May issue of the *American Journal of Gastroenterology*, recommendations are presented for the management of overt upper gastrointestinal bleeding (UGIB).

Loren Laine, M.D., from the Yale School of Medicine in New Haven, Connecticut, and colleagues conducted a [systematic review](#) to develop recommendations relating to management of patients with overt UGIB.

The authors recommend risk assessment in the [emergency department](#) to identify patients at very low risk who may be discharged with outpatient follow-up. Red blood cell transfusion is suggested at a threshold of hemoglobin 7 g/dL for patients hospitalized with UGIB. Erythromycin infusion is suggested prior to endoscopy, which is suggested within 24 hours of presentation. For ulcers with active spurting or oozing and for nonbleeding visible vessels, [endoscopic therapy](#) is recommended. Recommendations also include endoscopic therapy with bipolar electrocoagulation, heater probe, and absolute ethanol injection; clips, argon plasma coagulation, and soft monopolar electrocoagulation are supported by low- to very-low-quality evidence. For actively bleeding ulcers, hemostatic powder spray TC-325 is suggested, while over-the-scope clips are recommended for recurrent ulcer bleeding after previous successful hemostasis. High-dose proton pump inhibitor therapy is recommended continuously or intermittently for three days after endoscopic hemostasis, followed by a twice-daily oral proton pump inhibitor for two weeks following endoscopy. For recurrent bleeding, repeat endoscopy is suggested, while transcatheter embolization is suggested if endoscopic [therapy](#) fails.

"Much of the evidence supporting these guideline statements is low or very low quality, suggesting many opportunities exist for further investigation to enhance the management of patients with UGIB," the authors write.

Two authors disclosed financial ties to the pharmaceutical and medical device industries.

**More information:** [Abstract/Full Text](#)

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