

MANAGEMENT OF ACUTE GASTROINTESTINAL BLEEDING

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Gastrointestinal haemorrhage

- A common emergency
- Important cause of mortality and morbidity
- Case fatality is high (10–20% in the UK)



- Rockall TA et al. BMJ, 1995. 311(6999): p. 222-6.
- Williams JG et al. Gut, 2007. 56 Suppl 1: p. 1-113.

Common causes of GI Bleeding

Upper (source typically from oesophagus, stomach and duodenum)

- Eg from:
- Peptic ulcer
- Oesophageal varices
- Lower (typically from colon, rectum or anus)
 - Eg from:
 - Diverticular disease
 - Colitis
 - Cancer



Common signs and symptoms

- Hematemesis: bloody vomitus (bright red or coffee-grounds)
- Melena: black, tarry, foul smelling stool
- Hematochezia: bright red or dark blood per rectum
- Symptoms and signs of blood loss: lightheadedness, angina, dyspnea, tachycardia, hypotension.





Why people die after a GI bleeding?

Blood loss

- Decompensation of underlying medical condition (i.e. liver, heart, lung or kidney diseases)
- Re-bleeding

GI bleeding management in the HALT-IT trial

- HALT-IT will be conducted worldwide, each participating site should follow its own clinical practice for the treatment of GI bleeding.
- Tranexamic acid or placebo is an additional treatment to the routine management of GI bleeding.
- Giving the trial treatment must not delay any other clinical decisions (eg the need for endoscopy).



Key points



- Determine the urgency
 - Haemodynamic status
 - Risk assessment
- Resuscitation
- Localization of the bleeding site
- Therapeutic interventions to stop bleeding
- Prevention of re-bleeding



More information

- NICE 2012, Management of acute upper gastrointestinal bleeding (Clinical guideline 141) http://guidance.nice.org.uk/CG141
- Upper Gastrointestinal Bleeding Toolkit 2011
 (downloadable from the Academy of Medical Royal Colleges website)

JOIN THE GLOBAL COLLABORATION

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