Emergency 10.2: Upper gastrointestinal bleeding

Diagnosis

Usually manifested by haematemesis and melaena.
Commonly caused by peptic ulceration (for a full list of causes see Table 10.27)

Supportive treatment

Assess

Look for signs of shock, anaemia, chronic liver disease

Resuscitate

Oxygen, intravenous fluid, then blood

Platelets or fresh frozen plasma if thrombocytopenic or prothrombin time is prolonged

Treat in intensive care or high dependency unit with a central venous pressure (CVP) line if there are signs of shock or if there is associated serious cardiac, renal or liver disease

Reassess and monitor

Stool chart, pulse, blood pressure, blood count and/or CVP and urine output, to detect continued bleeding or rebleed

Frequent joint review by physician and surgeon

Always consider—could this patient have oesophageal varices (as treatment options differ; see p. 630)?

Specific treatment

Drugs

Oral proton pump inhibitor as soon as peptic ulceration has been diagnosed endoscopically

Early endoscopy, if necessary repeated

Injections, ligation, electrocoagulation or laser for bleeding peptic ulcers, varices, ligation, erosions, tumours and vascular anomalies

Surgery

For persistent bleeding

Angiography

Arterial embolization for vascular malformations