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REVIEW

Management of non-variceal upper gastrointestinal bleeding: Position paper of the Catalan Society of Gastroenterology☆

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Abstract In recent years there have been advances in the management of non-variceal upper gastrointestinal bleeding that have helped reduce rebleeding and mortality. This document

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gastrointestinal bleeding;
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Endoscopy;
Guidelines

positioning of the Catalan Society of Digestologia is an update of evidence-based recommendations on management of gastrointestinal bleeding peptic ulcer.

PALABRAS CLAVE
Hemorragia digestiva alta;
Hemorragia digestiva;
Endoscopia;
Consenso

Manejo de la hemorragia digestiva alta no varicosa: documento de posicionamiento de la Societat Catalana de Digestologia

Resumen En los últimos años se han producido avances en el manejo de la hemorragia digestiva alta no varicosa que han permitido disminuir la recidiva hemorrágica y la mortalidad. El presente documento de posicionamiento de la Societat Catalana de Digestologia es una actualización de las recomendaciones basadas en la evidencia sobre el manejo de la hemorragia digestiva por úlcera péptica.

Introduction

In terms of gastrointestinal diseases, non-variceal upper gastrointestinal bleeding (UGIB), and particularly peptic ulcer bleeding, is one of the most common causes of hospitalisation and represents a significant economic and healthcare burden. Significant advances in the management of this gastroenterological condition have been made in recent years that have reduced rebleeding and mortality.[1,2]

This position paper is an update of the evidence-based recommendations on the management of gastrointestinal bleeding due to peptic ulcer. The Catalan Society of Gastroenterology invited the authors listed to contribute to the drafting and subsequent review of the UGIB management position paper. Two gastroenterologists (RCF and PGI) acted as coordinators. The authors included gastroenterologists/endoscopists/emergency physicians and surgeons. They drafted key questions/recommendations that were reviewed and approved by the participants. The coordinating team comprised four sub-working groups (initial measures, endoscopic treatment, hospital care and follow-up after discharge), each with its own coordinator. The key questions/recommendations were divided between these four sub-working groups for drafting. The recommendations are presented in chronological order, consistent with their application in clinical practice. They include the quality of evidence (QE) (high, moderate, low or very low) and the strength of recommendation (SR) (strong or weak), in accordance with the GRADE approach (Grading of Recommendations Assessment, Development and Evaluation).[3] Finally, the manuscript was reviewed and accepted by all the authors and published on the Catalan Society of Gastroenterology's website as a Position Paper (Document de Posicionament).

Initial measures

Most patient deaths are not bleeding-related. Cardiopulmonary decompensation accounts for 37% of all non-bleeding-related causes of mortality.[4,5] As such, prompt and appropriate initial resuscitation should precede any diagnostic measure (SR: strong; QE: moderate).

The measures to be taken immediately after admission are summarised in Table 1 and Fig. 1.

Initial assessment

The initial interview should include assessment of the following:

a. Type of bleeding: ''Coffee-ground vomitus'' or haematemesis, with or without melaena.
b. Haemodynamic impact and severity: massive haematemesis, sweating, loss of consciousness (syncope or lipothymia).
c. Comorbidity: taking into account the patient's prior history or any clinical data suggestive of liver disease (patients with gastrointestinal bleeding from oesophageal or gastric varices require a different approach) and any history of cardiovascular disease.
d. Ask about the use of non-steroidal anti-inflammatory drugs (NSAIDs), antiplatelet agents and anticoagulants, including direct oral anticoagulants (DOACs): dabigatran, rivaroxaban, apixaban and edoxaban.

The baseline physical examination should include the following:

a. Confirm the bleeding:
   1. Digital rectal examination (if in doubt).
   2. Nasogastric tubes rarely change the approach and are very uncomfortable for patients. Their use should