Upper Gastrointestinal Bleeding (UGIB) Inpatient Referrals An Audit On Focused Cohorts: delayed >24hrs OGD, ICU & Theatre (out-of-hours) cases

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INTRODUCTION

- Acute upper GI bleeding (UGIB) is a potentially life-threatening abdominal emergency. BSG and ESGE advocate endoscopy to be performed within 24 hours as early intervention is associated with better prognosis with reduced morbidity and mortality.

AIMS

- The primary study aim was to assess whether delayed endoscopy provision (>24hrs) due to weekend factor resulted in any detrimental patient outcomes.
- Secondary aims were to evaluate provision of endoscopy for UGIB outside of routine endoscopy suite via ICU and out-of-hours theatre and analyse the aetiologies and severity of our UGIB presentations to our academic teaching hospital.

METHODS

- Prospective study on all UGIB inpatient referrals was conducted over an 8-week period from February to April 2021. Clinical and endoscopic data was collected from the electronic patient record and theatre records.

RESULTS

Number of cases (n) Endoscopy Unit	63 54(86%)
Cases performed >24hours Weekend/Bank Holiday delay Median GBS Average Haemoglobin	16 (25%) 10 (62.5%) 6 (1-12) 11.9 (8.8-15.6)
ICU Median GBS n (range) Intervention	4 (6%) 9 (6-12) 3 (75%)
Theatre out-of-hours Median GBS Intervention	5 (8%) 12 (12-14) 2 (40%)
Portal Hypertension Intervention	8 (12.5%) 5 (62.5%)

- 25%(n=16) of cases were performed after 24hrs, of which 62.5% (n=10) were due to weekend/bank holiday delays. Median GBS was 6 (1-12).

RESULTS

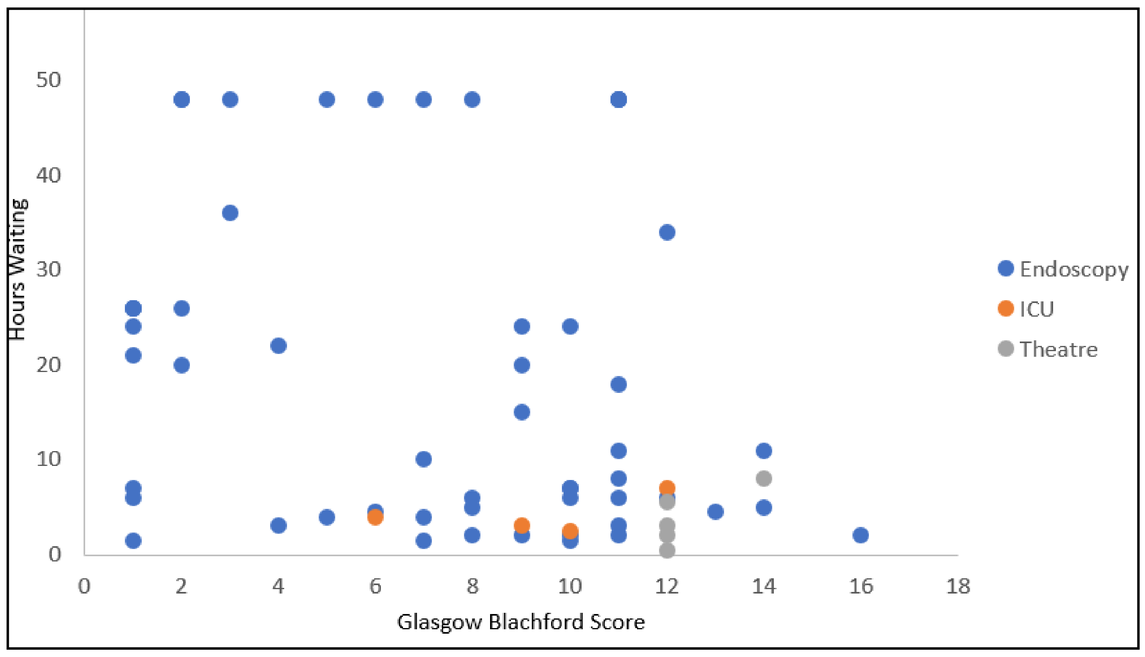

Fig1: Scatter Plot of Cases; GBS vs Time to Endoscopy

- There was no demonstrable increase in negative outcomes including 30-day mortality amongst this cohort despite delayed access to endoscopy.
- For ICU cases (n=4), median GBS 9 (6-12), 3 (75%) patients received RCC. Median time from referral to scope was 3.5 hrs (2.5-7). ICU cases correlated with a higher GBS vs endoscopy (p value=0.180832)
- OT cohort (n=5) the median GBS was 12 (12-14), all were index cases. Only 2 patients (40%) required endoscopic intervention. OT cases had higher mean GBS vs endoscopy cohort (p value <0.00001)
- Of our study, 12.5% (n=8) had background portal hypertension, of which 5 (62.5%) required therapeutic intervention with variceal band ligation. There was no variceal UGIB cases in ICU / OT.

CONCLUSIONS

- In a large academic teaching hospital, referral for upper GI endoscopy with an indication of UGIB is common. Risk stratification is imperative to optimize endoscopy provision to ensure vulnerable cohort gets OGD performed within 24hours.
- More severe UGIB cases are performed in ICU and theatre, as assessed by GBS. This further validates the use of GBS in risk stratification and triage.
- Education and utilisation of an UGIB pathway are likely to improve risk stratification, triaging, pre-procedural care and access to endoscopy.