



Upper Gastrointestinal Bleeding 上消化道出血(英文)

Introduction

Upper gastrointestinal (UGI) bleeding is one of medical emergencies. UGI bleeding usually results from the bleeding lesions of the esophagus, stomach and duodenum. The prognosis of UGI bleeding depends on whether the appropriate treatment can be instituted. The mortality is associated with the age of patients, the rate and volume of blood loss, the effectiveness of management, and the comorbidity.

What is UGI bleeding?

1. Anatomy and location:

UGI bleeding is defined as the bleeding from the esophagus, stomach, and duodenum.

2. Causes of bleeding:

The most common causes of UGI bleeding are ulcerative diseases (gastric ulcers and duodenal ulcers), acute mucosal erosive lesions, esophageal varices, lacerations in the region of the esophagogastric junction, and tumors of the gastrointestinal tract. Mucosal lesions related with stress, drugs, cigarette, alcohol, and food also can cause UGI bleeding.

3. What are the clinical manifestations?

- Patients with UGI bleeding may suffer from passage of black or tarry stools. However, if massive bleeding within 4 hours, the color of stools may be dark red.
- In patients with massive UGI bleeding, vomiting of fresh blood or coffee-ground material may occur.
- Other clinical manifestations include dizziness, thirst, tachycardia, pallor, cold limbs, cold sweating, shortness of

breath, abdominal pain, and decreased urine amount.

- UGI bleeding may cause hypotension, which will result in syncope, unclear consciousness, shock, and even death.

4. Examination and diagnosis:

- UGI bleeding can be confirmed by the positive tests of occult blood of the stools and vomitus, or by the aspiration of nasogastric tube and color of the stools obtained from rectal digital examination. Patients with UGI bleeding always had peptic ulcer diseases frequently passage of black stool. °
- Esophagogastroduodenoscopy (EGD) is the most important method for confirming the bleeding site and cause. Biopsies can be taken for histological examination if malignancy of other etiology when performing EGD.
- If EGD cannot identify the site of bleeding, angiography, scintigraphy, computed tomography, small intestine barium radiography, and capsule endoscopy may offer.

How to treat ?

Although UGI bleeding is sometimes mild and can stop spontaneously, patients must be further investigated (e.g., EGD) to identify the source of bleeding and receive the subsequent treatment. During hospitalization, the following managements are often performed:

1. When performing EGD, bleeding from an ulcer can be controlled with endoscopic injection of a vasoconstricting agent or by the combined therapy with a heater probe/coagrasper hemostasis frocep or a hemoclip.
2. Endoscopic variceal ligation or endoscopic sclerotherapy can be applied for the treatment of esophageal or gastric variceal bleeding. Balloon tamponade with an esophageal balloon is sometimes used to compress the bleeder to stop bleeding.
3. If endoscopic or phamarcologic measures fail to stop bleeding, doctors will consider surgical intervention base on the patient' s condition.
4. Base on the patient' s condition, doctors will prescribe antacids or vasoconstrictors for subsequent treatment.
5. Before resuming oral intake, intravenous fluid will be administered to support the basic requirement of energy and water for the patients. Doctors will adjust the volume of fluid according to the patients' intake. In the meantime, intravenous medications will be given according to the EGD findings.
6. Patients should take a rest on the beds. For the patients who are not stable should void and defecate on the beds to avoid syncope.

7. Doctors will determine if performed blood transfusion according to clinical condition and the laboratory studies.

Nursing guides

1. When resuming oral intake, patients should be put on a simple and liquid diet followed by regular meals if there was no discomfort.
2. After discharge, patients can do some proper exercises such as walking, gymnastic exercise, based on the condition of the patients. Not to be exhausted is the principle.
3. Patients with peptic ulcer diseases should avoid smoking, drinking, and consuming caffeine -containing drinks (e.g., coffee, cola, and tea)
4. Patients have to take medications regularly according to the prescription of doctors. It is prohibited to take unknown drugs (particularly the analgesics, e.g., non-steroidal anti-inflammatory agents) to avoid the possibility of gastrointestinal injury.
5. Patients have to return to the hospitals for regular follow-up.

若有任何疑問，請不吝與我們聯絡
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