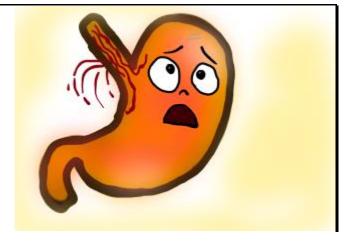
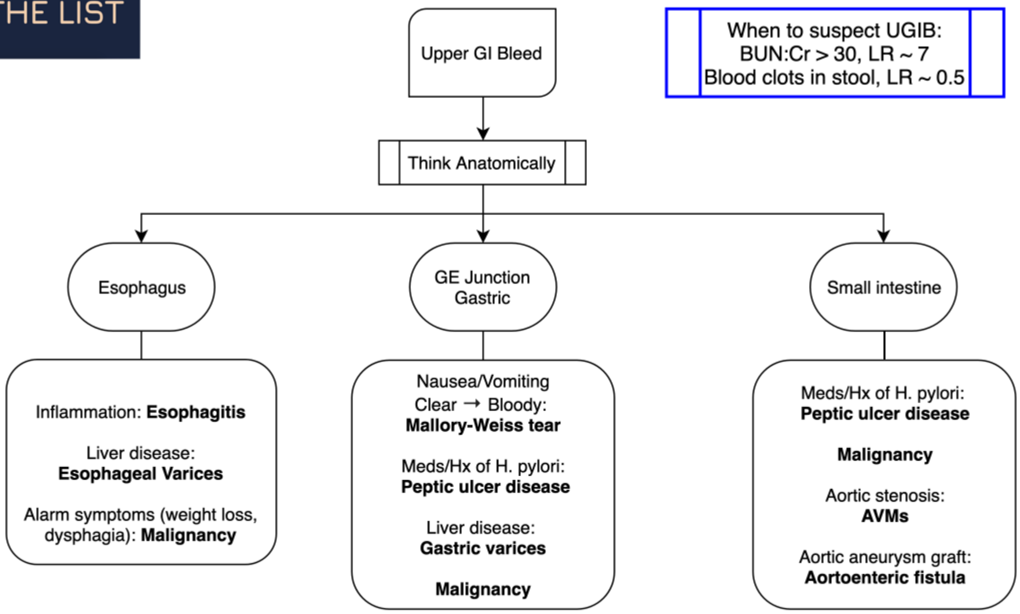
RUN THE LIST

Variceal Upper GI Bleed

Handout compiled by Moses Murdock (@haematognomist)
Discussant: Dr. Navin Kumar





1. **Initial steps:** if any history suspicious for portal HTN, consider variceal until proven otherwise
   - Is the patient stable → resuscitate!
     - Vitals, orthostatics, ABCs
     - Protect airway if active hematemesis prior to EGD
   - Medications to consider holding:
     - aspirin, anti-platelets, anti-coagulants
     - Consider need for reversing anticoagulation

2. **Management**
   - **Resuscitation!**
     - Access: 2 large-bore peripheral IV → Fluids
     - Transfusion threshold: **Hg < 7**. Except: *exsanguination*, known *cardiovascular* or *cerebrovascular* disease. See NVUGIB handout for more details.
   - IV **octreotide**: lowers portal pressure. 50 mcg IV bolus → 50 mcg/hr drip, for 3-5 days
   - Antibiotic prophylaxis (mortality benefit): IV ceftriaxone (5 – 7 day course)
   - **Proton pump inhibitor, IV BID**: want a gastric pH > 6 to facilitate clot formation
   - **Erythromycin**: promotes gastric emptying via motilin-like properties → good endoscopic views (administer 30-60 minutes prior to EGD; can use metoclopramide as alternative)
   - **Endoscopy** for variceal:
     - **Within 12 hours!**
     - Post-Endoscopy: monitor for re-bleeding, hepatic encephalopathy
   - Primary prophylaxis (no prior variceal bleed):
     - Baseline upper endoscopy q1-3 years to screen for varices
     - If small varices + advanced cirrhosis; or med-large varices + any cirrhosis
       - Non-selective beta-blocker or serial endoscopic banding (not both)
   - Secondary prophylaxis (s/p variceal bleed):
     - Both non-selective beta blockade + serial endoscopies & banding