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Summary

Mistakes in upper gastrointestinal bleeding and how to avoid them

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Mistakes In Articles

Digestive Oncology | Endoscopy | Stomach & H. Pylori

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Upper gastrointestinal bleeding management remains challenging with stable 30-year mortality rates despite advances in endoscopy and an aging patient population with more comorbidities.

KEY POINTS

- The 30-day mortality rate for patients with bleeding ulcers and varices was 22% over a five-year period in Leeds, though published mortality rates vary widely due to inclusion of healthier patients without significant bleeding.
- Standard of care involves offering emergency gastroscopy within 24 hours, a benchmark not always met in the UK.
- Early endoscopy is safe, reduces hospital stay length, and decreases the need for emergency surgery, though strong evidence that it directly saves lives is lacking.
- Distinguishing patients with significant bleeding from those with other causes of illness and hypotension remains difficult in clinical practice.

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