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Summary

PRE-ENDOSCOPIC ASSESSMENT IN PATIENTS WITH UPPER GASTROINTESTINAL BLEEDING: AN INTERNATIONAL SURVEY OF 533 CLINICIANS

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An international survey of 533 clinicians from 50 countries reveals substantial variability in pre-endoscopic assessment and management practices for acute upper gastrointestinal bleeding, with low adherence to international guidelines.

KEY POINTS

- Among respondents, 29.1% of hospitals lack specific protocols for initial UGIB assessment, 44.7% lack emergency interventional radiology services, and 39.6% of clinicians do not use risk stratification scores at presentation.
- Fluid resuscitation practices vary widely, with 40.9% choosing 0.9% saline and 39.5% choosing balanced crystalloids; 40.7% do not use major hemorrhagic protocols for patients with severe bleeding at risk of exsanguination.
- Prokinetics are little or never used prior to endoscopy by 34.3% of respondents for UGIB patients and by 27.6% even for patients with known gastric emptying problems.
- Endoscopy timing preferences depend on hemodynamic status: within 24 hours for stable non-variceal bleeding, within 12 hours for stable variceal bleeding, within 6 hours for unstable patients responding to resuscitation, and within 2 hours for persistent instability.
- This survey of clinicians managing UGIB identifies opportunities to improve consistency in practice and highlights areas for future research.

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