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Summary

# EUS-guided therapy of gastric varices: The role of endoscopic nurse-team work

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Nurses

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**US-guided coil embolization and glue injection for gastric varices is a safe and effective targeted therapy that requires intensive teamwork between endoscopist and endoscopy nurse, especially during complex acute bleeding procedures.**

## KEY POINTS

- The speaker stated gastric varices have a rebleeding rate up to 45% within three years and mortality up to 50%, requiring more intensive treatment than oesophageal varices despite being less common.
- US-guided therapy is indicated for acute bleeding in experienced centres, for secondary look within five days of recurrent bleeding, and for secondary prophylaxis, but not yet established for primary prophylaxis according to guidelines.
- The procedure is performed under general anaesthesia with linear echoendoscope and Doppler ultrasound; medium and large varices are suitable while very small varices are better treated endoscopically.
- Technical preparation requires a 19-gauge needle, embolization coils with diameter greater than one-third of the varix, cyanoacrylate mixed with lipiodol to delay polymerization, and Luer lock syringes to prevent disconnection during injection.
- Saline must not be used to flush or mix with glue as it causes premature polymerization; distilled water, glucose, or lipiodol should be used instead.
- The speaker reported overall adverse event rate up to 12%, most commonly abdominal pain at 10%, with pulmonary embolism possible though rare, and emphasized the procedure should be performed in qualified centres with ready teams.

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