

Diagnosis and management of acute lower gastrointestinal bleeding: European Society of Gastrointestinal Endoscopy (ESGE) Guideline

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Standards and Guidelines

Endoscopy

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ESGE clinical practice guideline provides ten recommendations for the management of acute lower gastrointestinal bleeding, covering initial assessment, risk stratification, transfusion strategies, timing of colonoscopy, imaging, and anticoagulant or antiplatelet medication management.

KEY POINTS

- Initial assessment should include co-morbidities, bleeding-promoting medications, hemodynamic parameters, physical examination including digital rectal examination, and laboratory markers, with risk scores aiding but not replacing clinical judgment.
- An Oakland score of 8 points or less can guide discharge decisions for outpatient investigation in patients with self-limited bleeding and no adverse clinical features.
- Hemodynamically stable patients without cardiovascular disease should receive restrictive transfusion at hemoglobin threshold of 7 g/dL or less, targeting 7–9 g/dL post-transfusion, while those with cardiovascular disease should receive more liberal transfusion at 8 g/dL or less, targeting 10 g/dL or higher.
- Colonoscopy should be performed during hospital stay but timing is flexible as no high quality evidence shows early colonoscopy influences outcomes; patients with hemodynamic instability and suspected ongoing bleeding should undergo computed tomography angiography before endoscopic or radiologic treatment.
- Low dose aspirin for secondary cardiovascular prevention should not be withheld and should be resumed within 5 days if stopped, while dual antiplatelet therapy should not be routinely discontinued before cardiology consultation, with aspirin continued and P2Y12 receptor antagonist managed according to bleeding severity and ischemic risk.

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