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Summary

Radiologic intervention

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Interventional radiology offers embolisation and other endovascular techniques to treat acute lower GI bleeding in unstable patients or those who fail endoscopic management, with technical success exceeding 80% when CT angiography identifies active extravasation.

KEY POINTS

- The speaker stated that interventional radiologists can treat bleeding in more than 80% of cases when CT is positive for active extravasation, using CT angiography in arterial phase to plan the intervention and guide microcatheter placement.
- Embolisation is the main treatment tool, most commonly using coils that occlude the vessel proximally while preserving some distal perfusion to reduce ischaemic complications; liquid embolics can be used when the patient has deranged coagulation because they do not depend on coagulation status.
- The speaker reported high clinical and technical success with this approach, though ischaemic complications and rebleeding remain possible depending on technique and anatomy.
- CT angiography is essential before intervention because if bleeding is not visible on CT it will be impossible to see angiographically, and CT allows the operator to navigate directly to the bleeding source.
- In the Q&A the speaker expressed the view that it is better to embolise slightly proximal to preserve collaterals and accept a risk of rebleeding than to cause ischaemic bowel.

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