

What should be in the toolbox of the endoscopist?

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Presentation

Endoscopy

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The endoscopist managing non-variceal upper GI bleeding requires both hard skills (haemostatic devices and techniques) and soft skills (team leadership, emotion management, and systematic preparation) to achieve the ultimate goal of preventing rebleeding, not just stopping initial bleeding.

KEY POINTS

- The speaker emphasized that the endoscopist should function as team leader in emergency settings, with defined roles for all personnel, dedicated urgency trolleys, and checklists to reduce confusion and adverse events.
- Therapeutic gastroscopes are generally preferred for their larger operative channel and continuous water jet capability, with distal attachments for stabilisation and duodenoscopes kept available for papillary-area cases.
- The speaker stated that over-the-scope clips should be considered for first-line use in high-risk bleeding ulcers or frail patients, not reserved only for second-line treatment, based on recent evidence.
- Recent evidence suggests haemostatic powders used together with standard techniques may reduce rebleeding risk, according to the speaker.
- The speaker recommended an immersion test after haemostatic treatment, observing the treated lesion underwater for at least 30 seconds to check for persistent bleeding.
- In the Q&A, the speaker stated that over-the-scope clips do not pose perforation risk due to their preferential force mechanism, and can be combined with haemostatic powders in selected complex cases.

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