Summary: Houston we have a problem! GI bleeding and endoscopic therapy of endoscopic and surgical complications

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This summary session emphasized that successful management of gastrointestinal bleeding and perforations requires deep knowledge of haemostatic devices, early recognition of complications, assessment of tissue compliance, and close multidisciplinary collaboration.

KEY POINTS

- Visualization techniques using available tools like caps and water are essential for identifying bleeding spots and vessels, with treatment strategies adjusted based on tissue compliance and whether tissue is healthy or fibrotic.
- Early recognition is key for both bleeding and perforation, with antithrombotic and anticoagulant use identified as important risk factors that should guide strategy adjustments such as using cold resection for bleeding prevention.
- Most delayed bleeding does not require second colonoscopy and management should be based on patient stability with close collaboration with interventional radiology.
- In post-surgical scenarios, successful defect management depends not only on size but on understanding the type of surgery and tissue health, with options including clip closure, stent coverage, drainage of collections, or combination therapy.
- Clinicians must know their devices thoroughly including how they work and their limitations by size and other constraints across all bleeding and perforation scenarios.

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