gutflix
GI learning, personalised

Summary

Do OTSC and hemostatic powder replace conventional hemostatic tools? Pro and con

Tomas Hucl

UEG Postgraduate Teaching Programme Vienna 2024 | Presentation

Education & Training | Endoscopy | Radiology & Imaging | Surgery

October 13, 2024

This debate contrasted newer haemostatic technologies (over-the-scope clips and haemostatic powders) with conventional tools for upper GI bleeding, with speakers presenting evidence both supporting and questioning their routine first-line use.

KEY POINTS

- The speaker advocating for newer tools stated that over-the-scope clips (OTSC) in meta-analysis of 11 studies prevented rebleeding at 7 and 30 days, improved haemostasis success, shortened procedure time, and reduced hospital stay, and that ESG guidelines suggest OTSC for high-risk bleeding ulcers.
- The speaker stated that haemostatic powder in a randomised trial of malignancy-related bleeding improved 30-day rebleeding and immediate haemostasis compared to standard treatment, and that powder in peptic ulcer trials showed similar bleeding rates to conventional therapy at all time points.
- The opposing speaker argued that standard treatments fail in only 10–20% of cases and achieve 98.5% overall efficiency when including retreatment, questioning the need for universal first-line use of costlier devices.
- The speaker noted that multiple OTSC trials had unusually high failure rates in control arms, that the most recent trial in ulcers larger than 1.5 cm failed to show OTSC superiority, and that OTSC requires experienced operators, has limited availability, costs more, and in one study could not be deployed in 6% of attempts.
- The speaker stated that haemostatic powder was absent at second-look endoscopy in 100% of cases examined within 24 hours, one randomised trial showed 30% rebleeding with powder, and a variceal bleeding trial had 30% mortality in the control group.

– In discussion, a panellist commented that contemporary patients are older, more frail, and on anticoagulants, cautioning against comparing current rebleeding rates to historical data.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/e75da878-9130-11ef-b9d4-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.