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Summary

TRENDS IN MANAGEMENT AND OUTCOMES OF CIRRHOTIC PATIENTS WITH VARICEAL BLEEDING IN THE UNITED KINGDOM – 15 YEARS APART: A COMPARATIVE ANALYSIS OF 2007 AND 2022

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Hepatobiliary

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A 2022 UK-wide audit of 307 cirrhotic patients with variceal bleeding shows improved pre-endoscopy treatment, increased endotherapy use, reduced rebleeding, and shorter hospital stays compared to a 2007 audit.

KEY POINTS

- Pre-endoscopic treatment improved significantly between 2007 and 2022: antibiotic use increased from 27% to 61%, vasopressor use from 57% to 70%, and PPI use from 50% to 62% (all $p<0.05$).
- Endotherapy application increased from 64% in 2007 to 78% in 2022 ($p<0.05$), with 70% receiving variceal therapy (93% banding, 12% injection) and TIPSS use rising from 0.8% to 2% ($p<0.05$).
- Further in-patient bleeding after index endoscopy decreased from 26% to 18% ($p<0.05$) and median length of stay fell from 9 days to 7 days.
- In-hospital mortality showed a numerical decrease from 15.2% to 13% ($p=0.32$, not statistically significant).
- The authors suggest that further improvements in pre-endoscopic management and provision of TIPSS are required; this material is most relevant to gastroenterologists and hepatologists managing variceal bleeding in cirrhotic patients.

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