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Bsg guidelines gi bleed

NewsThe British Society of Gastroenterology (BSG) has issued the first UK national guideline to concentrate on acute lower gastrointestinal bleeding (LGIB). Key recommendations include: Stratify LGIB as stable or unstable (shock index >1) and stable bleeds as major or minor. Patients with minor self-terminating bleed and no other indications can be discharged for urgent outpatient investigation. Admit patients with major bleed for colonoscopy. CT angiography (CTA) before endoscopy or radiology in patients with haemodynamic instability after initial resuscitation and/or suspected active bleeding. Immediate upper endoscopy for haemodynamically unstable LGIB if no source is identified by initial CTA. Catheter angiography as soon as possible after positive CTA. In general, emergency laparotomy should not be performed unless every effort has been made to localise bleeding with radiology and/or endoscopy. In stable patients (without a history of cardiovascular disease) requiring transfusion, a threshold of haemoglobin trigger of 70 g/L and Hb concentration target of 70-90 g/L after transfusion should be used. Interrupt warfarin at presentation. In unstable gastrointestinal haemorrhage, reverse anticoagulation with prothrombin complex concentrate and vitamin K. In patients with high thrombotic risk, consider low molecular weight heparin 48 hours after haemorrhage. Permanently discontinue aspirin for primary CVD prophylaxis. Do not routinely stop aspirin for secondary prevention. Do not routinely stop dual P2Y12 receptor antagonist and aspirin therapy in patients with coronary stents. In unstable haemorrhage, continue aspirin if P2Y12 antagonist is interrupted, interrupting direct oral anticoagulant therapy at presentation. Considering treatment with idarucizumab or andexanet for life-threatening haemorrhage on direct oral anticoagulants. Keith Siau, Sarah Hearnshaw, Adrian Stanley, Lise Estcourt, Ashraf Rasheed, Andrew Walden, Mo Thoufeeq, Mhairi Donnelly, Russell Drummond, Andrew Veitch, Sauid Ishaq, A John Morris Abstract Introduction Medical care bundles have been shown to improve standards of care and patient outcomes. Acute upper gastrointestinal bleeding (AUGIB) is a common medical emergency which has been consistently associated with suboptimal care. We aimed to develop a multi-society care bundle centred on the early management of AUGIB for national implementation to improve standards of care. Methods Under the remit of the British Society of Gastroenterology (BSG) Endoscopy Quality Improvement Project, a UK multi-society task force was assembled to produce pragmatic evidence and consensus-based care bundle detailing key ward-based interventions to be performed within the first 24 hours of presentation with AUGIB. A modified DELPHI process was conducted with expert stakeholder representation from BSG, Association of Upper Gastrointestinal Surgeons (AUGIS), Society of Acute Medicine (SAM) and the National Blood Transfusion Service. A formal literature search was conducted on major databases and international guidelines reviewed. Evidence was appraised using the GRADE quality framework. Once working groups had formulated initial evidence-based statements, a face-to-face meeting with anonymised electronic voting was arranged to evaluate consensus with statements and care bundle items. Consensus was defined as reaching 80%+ agreement on each statement, with revisions and up to three rounds of voting permitted. Accepted statements were eligible for incorporation into the final bundle after a separate round of voting. The final version of the care bundle was approved by corresponding stakeholder and patient groups. Results Consensus was reached on 19 recommendation statements; these culminated into 14 corresponding care bundle items (figure 1), enveloped within 6 management domains: Recognition (to facilitate early diagnosis), Resuscitation, Risk assessment, Rx (Treatment), Refer and Review (post-endoscopy care). This is the first UK national guideline to concentrate on acute lower gastrointestinal bleeding (LGIB) and has been commissioned by the Clinical Services and Standards Committee of the British Society of Gastroenterology (BSG). The Guidelines Development Group consisted of representatives from the BSG Endoscopy Committee, the Association of Coloproctology of Great Britain and Ireland, the British Society of Interventional Radiology, the Royal College of Radiologists, NHS Blood and Transplant and a patient representative. A systematic search of the literature was undertaken and the quality of evidence and grading of recommendations appraised according to the GRADE (Grading of Recommendations Assessment, Development and Evaluation) methodology. These guidelines focus on the diagnosis and management of acute LGIB in adults, including methods of risk assessment and interventions to diagnose and treat bleeding (colonoscopy, computed tomography, mesenteric angiography, endoscopic therapy, embolisation and surgery). Recommendations are included on the management of patients who develop LGIB while receiving anticoagulants (including direct oral anticoagulants) or antiplatelet drugs. The appropriate use of blood transfusion is also discussed, including haemoglobin triggers and targets. ... Website Terms & Conditions Privacy & Cookies Contact BMJ Online ISSN: 2041-4145Print ISSN: 2041-4137 Copyright © 2025 BMJ Publishing Group Ltd & British Society of Gastroenterology. All rights, including for text and data mining, AI training, and similar technologies, are reserved. Website Terms & Conditions Privacy & Cookies Contact BMJ Online ISSN: 1468-3288Print ISSN: 0017-5749 Copyright © 2025 BMJ Publishing Group Ltd & British Society of Gastroenterology. All rights, including for text and data mining, AI training, and similar technologies, are reserved. New guidelines have been produced through collaborative work between the British Society of Gastroenterology (BSG), the Association of Coloproctology of Great Britain and Ireland, the British Society of Interventional Radiology, the Royal College of Radiologists, National Health Service Blood and Transplants and patient representatives. This is the first UK national guidance for lower gastrointestinal bleeding (LGIB). The focus is the in-hospital management of adult patients presenting with acute LGIB. LGIB refers to patients presenting with bright or dark red blood per rectum, clots per rectum or blood mixed with stool. We provide a commentary and overview of the key features, with a particular focus on risk assessment, management, investigations, and radiological and endoscopic intervention.gastrointestinal bleeding