

## STRUCTURE IN THE INSTITUTIONAL REPOSITORY

### Clinical Practice Guideline for the evaluation and management of upper gastrointestinal bleeding

- **Title:** Clinical Practice Guideline for the evaluation and management of upper gastrointestinal bleeding
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- **Abstract:**

**Objective:** to provide evidence-based clinical recommendations for the evaluation and management of upper gastrointestinal bleeding (UGIB) in Peruvian Social Security (EsSalud). **Materials and methods:** a local guideline task force (local-GTF) was formed with gastroenterologists and methodologists. The local-GTF proposed 11 clinical questions to be answered in this Clinical practice guideline (CPG). It was searched and selected Clinical Practice Guidelines on UGIB published since 2012, which answered the proposed questions and obtained more than 60% in the 1 and 3 domains in the Appraisal of Guidelines for Research and Evaluation II (AGREE-II) instrument. During September 2017, bibliographic searches were carried out in PubMed to update 9 clinical questions of the preselected CPGs, and to answer 2 new questions. Quality of evidence was evaluated using Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology. In periodical work sessions, the local-GTF used GRADE methodology for reviewing the evidence and formulating recommendations, good clinical practice items and the flowchart of evaluation and management. Finally, the CPG was approved by Resolution N° 80-IETSI-ESSALUD-2017. **Results:** This CPG approached 11 clinical questions, divided into four topics: risk assessment, initial management, management of nonvariceal UGIB, and management of variceal UGIB. Based on these questions; 10 recommendations (7 strong recommendations and 3 weak recommendations), 24 good clinical practice items and two flowcharts were formulated. **Conclusion:** This paper is the summary of the CPG of EsSalud, in which available scientific evidence on the evaluation and management of UGIB was assessed.
- **Key words:** Gastrointestinal hemorrhage; Practice Guideline; Evidence-Based Medicine.
- **PICO questions for CPG:**

RISK ASSESSMENT AND TREATMENT
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<b>Question 1: What criteria can be used to decide the emergency discharge without endoscopy in patients with UGIB?</b>
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POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with UGIB	Glasgow-Blatchford score		<ul style="list-style-type: none"> <li>• Sensibility</li> <li>• Specificity</li> </ul>
<b>Question 2: What is the optimal hemoglobin level to initiate red blood cell transfusion therapy in patients with UGIB?</b>			
Patients with UGIB	Liberal transfusion	Restrictive transfusion	<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> </ul>
<b>Question 3: Should proton-pump inhibitors be administered before the endoscopy?</b>			
Patients with UGIB	Administer proton-pump inhibitors before the endoscopy		<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> <li>• Need for hemostasis</li> <li>• Need for surgery</li> </ul>
<b>Question 4: When should an upper gastrointestinal endoscopy be performed?</b>			
Patients with UGIB	Perform an upper gastrointestinal endoscopy at different times after patient stabilization		<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> </ul>
<b>Question 5: Is it recommendable to use epinephrin injection as monotherapy in non-variceal UGIB?</b>			
Patients with non-variceal UGIB	Epinephrin injection as monotherapy	Dual therapy with epinephrin injection with another hemostatic methods	<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> <li>• Lack of hemostasia</li> </ul>
<b>Question 6: Is it necessary to perform a routine endoscopic follow-up after the first endoscopic treatment in patients with non-variceal UGIB?</b>			
Patients with non-variceal UGIB	Perform endoscopic follow-up		<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> <li>• Need for surgery</li> </ul>
<b>Question 7: What is the best management in patients with non-variceal UGIB who rebleed after the first endoscopic therapy: second endoscopic hemostasia or surgery?</b>			
Patients with non-variceal UGIB who rebleed	Second endoscopic hemostasia	Surgery	<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> <li>• Failedhemostasis</li> </ul>
<b>Question 8: Should antibiotic prophylaxis be administered in the initial management of patients with variceal UGIB?</b>			
Patients with suspected or confirmed non-variceal UGIB	Antibiotic prophylaxis		<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> <li>• Bacteremia</li> </ul>

<b>Question 9: Which is the best management in patients with UGIB from esophageal varices: endoscopic band ligation or sclerotherapy?</b>			
Patients with UGIB from esophageal varices	Band ligation	Sclerotherapy	<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> <li>• Hepatic encephalopathy</li> </ul>
<b>Question 10: Which is the best management in patients with UGIB from esophageal varices who rebleed after the first endoscopic therapy: second endoscopic hemostasis or transjugular intrahepatic portosystemic shunt (TIPS)?</b>			
Patients with UGIB from esophageal varices who rebleed	Second endoscopic hemostasis	TIPS	<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> <li>• Failed hemostasis</li> </ul>
<b>Question 11: Which is the best management in patients with UGIB from gastric varices: use of cyanoacrylate or ligation?</b>			
Patients with gastric varices	Cyanoacrylate	Ligation	<ul style="list-style-type: none"> <li>• Mortality</li> <li>• Rebleeding</li> <li>• Control of bleeding</li> </ul>