



Round : ..General surgery.....

Group no : B3.....

Done By : ..Fatima abu assal.....

GI bleeding :

✨ Ligament of treirz separates the upper GI tract from lower GI tract it is located on the fourth portion of the duodenum connecting it to the diaphragm. (attach the Duodenojejunal flexure to the right crus of the diaphragm)

Upper GI bleeding:

🌸 5* as common as bleeding from lower GI

✨ Includes problems in esophagus stomach and duodenum

🌸 Most common etiology is : PUD(DU>GU)

🌸 Endoscopy(EGD) is the diagnostic modality of choice

✨ 5-10% mortality rate

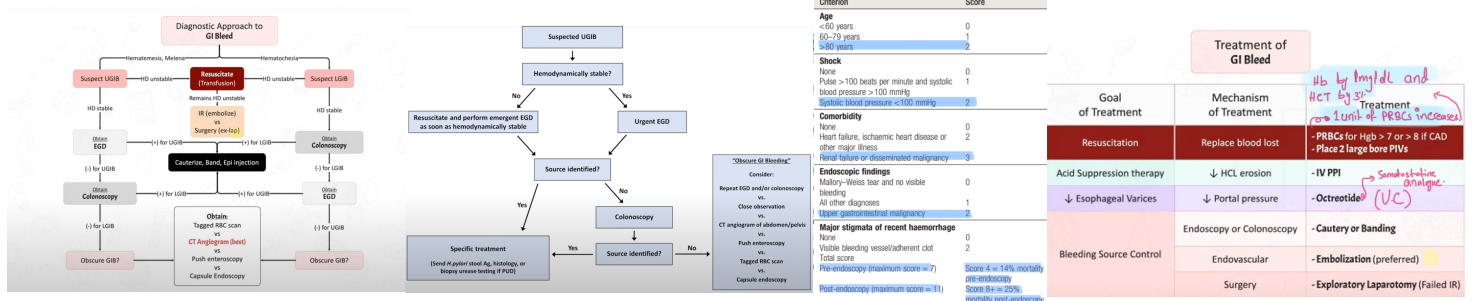
✨ Clinical presentation: epigastric tenderness, hematemesis ,Melena, fatigue ,pallor, hematochezia ,signs of shock.

✨ Findings: thrombocytopenia (in hypersplenism)

🌸 Elevated blood urea with a normal creatinine concentration (high BUN-to-creatinine) (why? Because in bleeding the blood is digested in the stomach and intestine releasing large amounts of proteins absorbed in the bloodstream and then these proteins undergo through protein metabolism producing ammonia , ammonia is converted to urea).

✨ Guaiac positive stool(occult blood stool)

✨ Management:



🌸 indicate surgery in patients with extensive bleeding // more than 3-4 units of blood are required for initial resuscitation// or if bleeding continue at the rate of more than 1 unit every 8 hours//A patient with slow bleeding (3-4) units of blood per day

🌸 Note:

Source of bleeding

We have to know if its UGIB or LGIB and the source

Nasogastric tube aspiration:

➤ If

- positive for blood or coffee grounds (partially digested blood)
- UGIB,
- esophagogastrroduodenoscopy (EGD) is indicated.
- returns with bile, without blood, this rules out an UGIB
- returns clear fluid (gastric juice) without blood
- Rules out a bleed from the stomach
- does not rule out an UGIB from the duodenum.

Name the diagnostic modality: بالنسبة لاي لو ابيض بالانجيكات

45-year-old male with dark blood per rectum عدادت EGD

NGT aspiration to evaluate for upper GI bleed (if blood, then EGD; if bile and no blood, then work up for lower GI bleed)

45-year-old male with significant massive blood per rectum; NGT reveals bile and no blood

Angiography to find lower GI source

Other causes:

dieulafoy ds(A gastric arteriovenous malformation)

GI tumors , Aortioenteric fistula,

lower GI bleeding :

✨ Mainly in colon (80%)

✨ Incidence is higher in older patients

✨ LGIB is a more significant problem in males.

🌸 Most common cause is anatomical (diverticulosis) (most cases are asymptomatic, if bleeding occurs it can be massive but usually is self-limited)

🌸 Second most common cause is intestinal angiodysplasia

🌸 In children before age 2 the most common cause of GIT bleeding is Meckel's diverticulum(most common congenital malformation of GIT)

✨ other Causes piles , colitis

🌸 Massive LGIB bleeding: age>65yo +hematochezia+unstable +low ruin output+HR>100+systolic BP<=90

✨ In Moderate and mild bleeding the patient is stable

🌸 Colonoscopy is the diagnostic modality of choice(if stable) if fails go with angiography(cannulate superior mesenteric artery if the findings were negative then cannulate the inferior mesenteric arter followed by the celiac artery)

✨ Subtotal colectomy is the procedure of choice in patients with active bleeding from unknown source.

🌸 indicate surgery in patients with extensive bleeding // more than 3-4 units of blood are required for initial resuscitation// or if bleeding continue at the rate of more than 1 unit every 8 hours//A patient with slow bleeding (3-4) units of blood per day

→ thermocoagulation
1.Endoscopic Therapies.
↳ inject epinephrine
↳ clips

2.Angiographic Therapy → inject Vasopressin
→ Transcath embolization

3. Embolization

4.Surgery

3. The most important aspect in the care of a patient with hemodynamically significant LGIB is which of the following?

- a. Obtaining early tagged red blood cell scan
- b. Ensuring appropriate resuscitation and stabilizing patient**
- c. Using fecal occult blood test to test for bleeding
- d. Placing an NGT to rule out an upper GI source
- e. Obtaining immediate upper and lower GI luminal contrast studies to assess for bleeding source

5. The most common cause of lower GI bleed is:

- a. Upper GI bleed
- b. Colorectal cancer**
- c. Ischemic colitis
- d. Ulcerative colitis
- e. Diverticulosis**