

Acute upper gastrointestinal bleeding

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about acute upper gastrointestinal bleeding that is set out in NICE clinical guideline 141.

Does this information apply to me?

Yes, if you are an adult or young person (16 years and older) who:

- has bleeding from the upper gastrointestinal tract
- is in critical care (for example in an intensive care or high dependency unit) and who is at high risk of developing acute upper gastrointestinal bleeding.

No, if you are:

- an adult with chronic (long-term) upper gastrointestinal bleeding
- a child (15 years and younger)
- bleeding from other parts of the gastrointestinal tract.

Your care

If you think that your care does not match what is described in this information, please talk to a member of your healthcare team in the first instance.

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution (www.dh.gov.uk/en/DH_132961). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain upper gastrointestinal bleeding and the possible treatments for it. They should cover possible benefits and risks related to your personal circumstances. In an emergency, healthcare professionals may give treatment immediately, without obtaining your informed consent, when it is in your best interests.

You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. UK Blood Transfusion and Tissue Transplantation Services (www.transfusionguidelines.org.uk) has produced a toolkit for healthcare professionals, which includes a range of patient information leaflets about blood transfusions, including information for people who have principled objections to receiving a blood transfusion.

Information you are given should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed. Your family and carers should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' (known as a 'living will' in the past) in which you have already given instructions about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent (www.dh.gov.uk/en/DH_103643) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.nhs.uk/CarersDirect/moneyandlegal/legal. In Wales healthcare professionals should follow advice on consent from the Welsh Government (www.wales.nhs.uk/consent).

Acute upper gastrointestinal bleeding

The upper gastrointestinal tract is made up of the gullet (oesophagus), stomach and the first part of the small intestine (known as the duodenum). The symptoms of upper gastrointestinal bleeding include vomiting blood or passing dark, sticky stools that contain blood.

There are several causes of upper gastrointestinal bleeding. The most common causes are bleeding from stomach ulcers and enlarged veins (called varices).

Sudden, severe (acute) bleeding can be life-threatening and should be treated as an emergency in hospital.

When you first see a healthcare professional

Your healthcare professional (usually a doctor in the A&E department) should carry out an assessment to decide whether you need to stay in hospital for more tests or treatment, or whether you can go home. NICE has said that healthcare teams should use an assessment called the 'Blatchford' risk assessment score. The assessment will involve taking some blood samples for testing, measuring your blood pressure and finding out about your

symptoms to work out how likely you are to bleed again.

Treating upper gastrointestinal bleeding

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options, please talk to a member of your healthcare team.

Initial treatment

The aim of initial treatment is to stabilise the patient. Patients who have lost a lot of blood may need a blood transfusion straightaway. As well as a blood transfusion, you might also be treated with drugs called 'clotting factors' that control bleeding.

While your bleeding is being controlled and your blood levels are being brought back to normal, your healthcare team will look at other drugs you might be taking.

If you are taking warfarin (a drug that stops the blood from clotting), and the bleeding hasn't stopped, you should be offered a treatment called prothrombin complex. This medication is given through a drip, to help your blood clot normally again.

Medicines that you may be taking for other conditions can affect your blood's ability to clot. If you have had angina, a heart attack or stroke, you may already be taking low-dose aspirin. NICE has said that you can continue to take low-dose aspirin if your bleeding has stopped. If you are taking a drug called clopidogrel, your doctor should discuss the risks and benefits of continuing this treatment with you and your cardiology or stroke specialist. If you are taking non-steroidal anti-inflammatory drugs (also known as NSAIDs) to treat inflammation and pain (for example, if you have arthritis), treatment should be stopped while you are bleeding.

Questions to ask about initial treatment

- Please tell me what the initial treatment involves.
- Why have you offered this particular type of treatment?

- What are the pros and cons of having this treatment?
- What are the next steps?

Finding the cause of the bleeding

After the initial treatment described above, you should be offered an endoscopy. An endoscopy involves examining inside your upper gastrointestinal tract using an endoscope (a narrow, flexible tube with a camera at its tip) that is passed down your throat.

Endoscopy helps your healthcare team find the cause of the bleeding and assess the risk of further bleeding.

People with severe bleeding should have an endoscopy immediately. All other people with upper gastrointestinal bleeding should have an endoscopy within 24 hours of admission to hospital. NICE has said that healthcare teams should use an assessment called the 'Rockall' score after patients have had an endoscopy. The Rockall score helps to identify people who are at risk of bleeding again or who are at risk of further complications.

Procedures to repair the bleeding are usually done through the endoscope ('endoscopically'), rather than as 'open' surgery. While the patient is awake but sedated, the endoscope and special instruments are inserted through the mouth to the site of the bleed. Your healthcare team will be able to give you more information about endoscopic treatments.

Bleeding from stomach ulcers

If a stomach ulcer is causing the bleeding, tiny clips, heat or clotting drugs are used to coagulate the blood and stop the bleeding. These procedures are used in combination with a drug called adrenaline, which is injected directly into the ulcer to improve blood clotting. You should not be offered adrenaline on its own.

After endoscopy (but not before), you should be offered treatment with a drug called a proton pump inhibitor, which acts by reducing the amount of acid that the stomach makes.

If you bleed again or are at risk of bleeding again after treatment, you should be offered another endoscopy, and possibly more treatment, with either interventional radiology or surgery to remove the ulcer. Interventional radiology involves using scans to identify where the bleeding is coming from. A long tube, called a catheter, is fed into the body to the location of the bleeding, and the bleeding is stopped using an artificial blood clot.

Bleeding from enlarged veins

If your healthcare professional suspects that your bleeding is from enlarged veins (the medical name for this is variceal bleeding) they should offer you treatment with a drug called terlipressin. Terlipressin narrows the blood vessels to help slow the bleeding. You should also be offered antibiotics to help prevent infection.

There are different ways of treating bleeding from enlarged veins, depending on where the bleeding is coming from. Your healthcare team may use a type of elastic band or a special adhesive to stop the bleeding, or they may offer you a tube (also known as a shunt) that is inserted into the veins in the liver to improve blood flow and lower the pressure in the enlarged veins.

Questions you might like to ask your healthcare team

- Can you tell me more about what has caused my bleeding?
- Which treatment is best for my type of bleeding and why?
- Are there any risks associated with this treatment?
- What do the assessment scores show?

Information and support for patients and carers

To help you understand your condition and treatment, your healthcare team should give you and your family or carers consistent, verbal and written information about your

condition. There should be good communication throughout your time in hospital and following discharge.

Preventing upper gastrointestinal bleeding in patients in critical care

In order to prevent upper gastrointestinal bleeding, patients admitted to critical care should be offered drug treatment to reduce the amount of acid made by the stomach. These drugs, called H₂-receptor antagonists and proton pump inhibitors, can help to prevent upper gastrointestinal bleeding from the stomach.

The need for ongoing treatment should be reviewed when patients recover or are discharged from critical care.

Questions you might like to ask your healthcare team

- Are there any support organisations in my local area?
- Can you provide any information for my family/carers?

More information

The organisation below can provide more information and support for people with upper gastrointestinal bleeding. NICE is not responsible for the quality or accuracy of any information or advice provided by this organisation.

- Guts UK Charity: Funding research to fight diseases of the gut, liver & pancreas, www.gutscharity.org.uk

You can also go to NHS Choices (www.nhs.uk) for more information.

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Accreditation

