Akeel Alisa, J Gastrointest Dig Syst 2015, 5:4
http://dx.doi.org/10.4172/2161-069X.S1.028

OMICS International
conferenceseries.com

International Conference and Exhibition on
Gastrointestinal Therapeutics
August 25-27, 2015 Valencia, Spain

Single-centre clinical experience of hemospray endotherapy in patients with acute upper gastrointestinal bleeding

Akeel Alisa
Royal Free NHS Foundation Trust, UK

Introduction: Acute upper gastrointestinal bleeding (AUGIB) is a common medical emergency associated with a hospital mortality of 10%. Therapeutic endoscopy with conventional combined injection and mechanical application is the recognised 1st-line intervention to achieve haemostasis. However, 5-10 % of patients experience recurrence of bleeding after initial endoscopic haemostasis. Hemospray (TC-325; Cook Medical, Winston-Salem, USA) endotherapy is now becoming widely available as a novel agent to augment hemostatic efficacy. We report on the 'real-life' single-centre experience in the UK, of the efficacy and safety of Hemospray in the management of AUGIB.

Method: A single centre retrospective analysis of all patients treated with Hemospray from September 2013 -April 2015 was performed. Case notes were reviewed and data collected including demographics, Rockall score, endoscopic modality, length of hospital stay, repeat procedures and transfusion requirements.

Results: 58 patients (42 male) with a mean age of 64.7 years (range 26-92) were treated with Hemospray at endoscopy. The indications for endoscopy were melaena (29, 50 %), profound anaemia (16, 28 %), haematemesis (6, 10%), oesophagogastric varices (5, 8.6%), dysphagia (1, 1.7%), dyspepsia (1, 1.7%). The mean pre-endoscopy Rockall score was 3 (range 0-7), post-endoscopy Rockall score 5 (range 1-10). Hemospray was applied as the single modality in 16 cases (2 oesophageal tumours, 4 gastric tumours, 4 peptic ulcers, 1 peptic stricture, 1 Dieulafoy lesion, 1 unidentified D2 bleeding source). Adjunctive modality occurred in 31 cases (54.8% following variceal band ligation as the primary modality). 11 cases required rescue therapy (10 peptic ulcers, 1 polyp bleeding). Successful haemostasis with Hemospray was achieved for all but one patient (98.3%). This patient (Dieulafoy lesion with Hemospray as solitary modality) required repeat endoscopic dual therapy (adrenaline/clips). 2 cases of bleeding DU required Hemospray despite radiologic embolization of oozing visible vessels. No procedural complications during and immediately post-application were reported. There were no treatment-related adverse events. There was one in-patient death, not attributable to AUGIB/endoscopy. The mean length of hospital stay was 12 days (range 1-51).

Conclusion: Our experience confirms Hemospray to be an effective endoscopic modality for achieving successful haemostasis in the vast majority of cases of AUGIB, when used as single, adjunctive, or rescue endotherapy, for a wide-range of causes for AUGIB. Our 'real life' single centre UK experience supports Hemospray for all major causes of AUGIB; a modality that is easy to apply, and safe to use.

Biography

Akeel Alisa was awarded his medical degree from Cambridge University, Girton College. He is trained at various leading London hospitals including King's College, University College London and St George's and gained experience in all aspects of Gastroenterology, Hepatology, Endoscopy and General Medicine. He was awarded Membership of the Royal College of Physicians (London) in 1998 and received his MD from UCL in 2012. He was appointed as a Consultant Gastroenterologist & General Physician at The Royal Free NHS Trust, Barnet & Chase Farm Hospitals. He is local lead in alcohol services and endoscopy training. He is faculty member at St George's National Endoscopy Training Centre & United European Gastroenterology(Vienna).

akeel.alisa@nhs.net

Notes: