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عنوان البحث :-

The Interventional Radiologist's role in Managing Gastrointestinal Bleeding

Abstract

Introduction :Evidence suggests that 85 patients per annum are admitted per 100,000 population with acute GI bleeding. For a population of 1 million approximately 20 will need IR with the other 90% being treated with conservative measures. However, the evidence suggests that this may be an under estimation and additional cases such as post operative bleeds or other conditions such as acute pancreatitis and portal hypertension can be managed by IR techniques.

Method and Discussion :

Literature review and examples of current practise in the UK .

The literature states that:

•transcatheter embolisation has a positive impact on patient survival in the treatment of upper gastro-intestinal bleeding (UGIB)

•transcatheter embolisation is the treatment of choice for lower GI Bleeding (LGIB)

•transjugular intrahepatic portosystemic shunt (TIPS) is the treatment of choice for portal hypertension causing massive lower GI variceal haemorrhage.

This presentation will highlight the role of IR in managing GI Bleeding. It explains what are the advantages, applications, and limitations of IR in managing acute GI bleeding.

Conclusion :

- A multidisciplinary team of endoscopists, intensive care specialists, surgeons, and interventional radiologists all have a role to play
- Therapeutic success depends on diagnostic success, the underlying pathology and meticulous embolisation technique
- Embolisation has largely replaced surgery in endoscopy-refractory UGIB
- Mesenteric angiogram is more likely to identify the source of LGIB in patients who have hemodynamic instability