

# Management of acute upper gastrointestinal bleeding

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## Article Review - Management of Acute Upper Gastrointestinal Bleeding

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### Introduction

The article, ' Management of Acute Upper Gastrointestinal Bleeding', is written with the intention of offering an understanding of the management of Acute Upper Gastrointestinal Bleeding (AUGIB) through an evidence-based approach (Mitra, Marrow and Nayar, 2012). In addition to discussing the presentation, aetiology and management of AUGIB, the article reviewed existing literature on the topic.

### Article Critique

The article begins with statistics on the incidence of AUGIB in the UK followed by its symptoms, causes and management. It offers an elaborate and detailed discussion of AUGIB. The management aspects appear to be directed at healthcare workers rather than patients. For instance, the article elaborately explains how scoring systems for AUGIB work. It also presents initial resuscitation processes and drugs used before endoscopy. This information is largely useful for healthcare workers rather than AUGIB patients themselves. The article is crisp in terms of language and detailed in terms of information. Overall, the article is very informative for healthcare workers involved in the management of AUGIB.

### Use as Patient Handout?

The article vaguely relates to clients with a GI bleed and cannot be used as a patient hand out. The language and medical terminology employed in the article is too complex for a lay person to understand. As already stated, the

information provided by the article is helpful for healthcare workers and not for patients themselves. The article talks less about how an ordinary person can manage the illness and more about the medical interventions and management processes applied. The only section that could benefit patients is that of risk factors for AUGIB. These however are not helpful in management of the illness. The article discusses medical procedures for management of variceal and non-variceal bleeding, which are difficult for patients to understand. For instance –

For oesophageal varices, variceal band ligation using elastic rubber bands (Figure 1) has been shown to be superior to sclerotherapy (i. e. the injection of sclerosing agent—similar to treatment of haemorrhoids) (Laine and Cook, 1995; Lo et al, 1997). If banding is sub-optimal or cannot be achieved, then sclerotherapy may be considered (Jalan and Hayes, 2000) (Mitra, Marrow and Nayar, 2012, p. 39).

A lay person would find it hard to understand procedures such as “sclerotherapy” and terminologies such as “comorbidities”, “resuscitation”, “proton pump inhibitors (PPI)”, “aetiology”, etc. Patients would have been able to benefit from the article if it was more focused on the management aspects of the illness rather than the scoring systems and medications. The pre and post endoscopy medication information provided in the article is directed at medication professionals and would serve no purpose for an ordinary patient. For instance, telling patients that it is recommended to “receive vasoconstrictors such as terlipressin usually for a period of 48–72 hours” and stopping it after “definite haemostasis has been achieved or after a maximum of 5 days”; or that “beta-blocker prophylaxis with

propranolol should be used for the long-term management of variceal bleeding” would not make any sense whatsoever to ordinary patients.

#### References

Mitra, V., Marrow, B., & Nayar, M. (2012). Management of acute upper gastrointestinal bleeding. *Gastrointestinal Nursing*, 10(7), 34-41.