



AAST Acute Care Surgery Didactic Curriculum

Lower GI Bleeding

Jackie Blank, MD

Lower GI bleed

Highlights:

- LGIB initial workup is based on hemodynamics
 - If hemodynamically stable, first-line diagnostic study is inpatient colonoscopy (can tolerate prep)
 - If hemodynamically unstable, first-line study is CTA
- CTA unlikely to be positive if patient isn't actively bleeding (ie., hemodynamically stable patient)
- If stable, colonoscopy should be performed within 24h of presentation to decrease rate of rebleeding and mortality
- Urgent colonoscopy should only be performed on hemodynamically unstable patients if there is a high likelihood of detecting a distal bleed or diverticular bleed
- Recurrent bleeding: repeat colonoscopy
- Surgical consultation is only warranted in uncontrollable bleeding, low likelihood of hemostasis via angioembolization or endoscopy, or with life-threatening bleeding
 - Requires localization of bleeding
 - Embolization has a lower 30d mortality and fewer complications than surgical intervention