## Priority Topic: GASTROINTESTINAL BLEED

### Key Features:

1. In a patient with blood in the stools who is hemodynamically stable, use history to **differentiate upper vs. lower gastrointestinal (GI) bleed** as the investigation differs.

   **What you should study:**

   ✓ “Gastrointestinal bleeding” from “Symptoms to Diagnosis – An Evidence-Based Guide. 3rd edition (Stern and Cifu). It is **FREE** if you login through your McGill vpn account.

   ✓ Acute Gastrointestinal Bleeding in the clinic AIM 2013

   ✓ EM Cases: Episode 101 GI Bleed Emergencies Part 1

   ✓ Upper GI Bleed AAFP 2012

2. In a patient with **suspected blood in the stool**, explore other possible causes (e.g., beet ingestion, iron, Pepto-Bismol) before doing extensive investigation.

   ✓ Just do it!

3. **Look for** patients at higher risk for GI bleed (e.g., previous GI bleed, intensive care unit admission, nonsteroidal anti-inflammatory drugs, alcohol) so as to modify treatment to reduce risk of GI bleed (e.g cytoprotection).

   **What you should study:**

   ✓ Non-variceal UGI Bleed Primer NATURE 2018 - long but GREAT figures!

   Focus on medication-induced GI bleed
4. In a patient with obvious GI bleeding, identify patients who may require timely treatment even though they are not yet in shock.

**What you should study:**

- EM Cases: Episode 101 GI Bleed Emergencies Part 1
- EM Cases: Episode 102 GI Bleed Emergencies Part 2

5. In a stable patient with lower GI bleeding, look for serious causes (e.g., malignancy, inflammatory bowel disease, ulcer, varices) even when there is an apparent obvious cause for the bleeding (e.g., do not attribute a rectal bleed to hemorrhoids or to oral anticoagulation).

**What you should study:** For IBD, see Priority Topic Abdominal Pain

- Occult GI Bleeding AAFP 2013
- Management of Ulcer Bleeding ACG Guidelines 2012
- Variceal Bleeding UK Guidelines BMJ 2015
- Colorectal Cancer Diagnosis WJGO 2015
- Docteur je veux une “p’tite crème” pour mes hémorroïdes MduQ 2016

6. In a patient with an upper GI bleed,
   a) Include variceal bleeding in your differential,
   b) Use history and physical examination to assess the likelihood of a variceal bleed as its management differs.

**What you should study:**

- Variceal Bleeding UK Guidelines BMJ 2015
- Awesome and hilarious podcast on upper GI bleed by Dr Kirlew (2015): Dr Kirlew podcasts (CCFP 2016 Session 5): [https://directory.libsyn.com/shows/view/id/siouxlookoutareadocs](https://directory.libsyn.com/shows/view/id/siouxlookoutareadocs)
- Making NG tube insertion less horrendous
Possibly of interest although NOT part of the topic:
✓ Common Anorectal Conditions AAFP 2012