

Management of acute lower gastrointestinal bleeding (LGIB) remains largely conservative and the impact of BSG recommendations largely unseen: results of a 4 year audit

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Introduction

LGIB accounts for 3% of all emergency referrals in the UK with in-hospital mortality of around 3.4%. BSG Guidelines for management were recently published (1), largely based upon the findings of the 2015 UK Nationwide Audit (2). A retrospective 4-year audit was conducted to assess the impact of these guidelines.

Method

All patients presenting to an EGS service with LGIB from 01/01/2017 to 31/12/2020 (2 years before and after BSG guidelines) were identified. Data on demographics, mode of presentation, investigation, management and diagnoses were retrieved. A comparison was then made with The UK Audit and BSG Guidelines.

Results

Some 98 patients were identified, 50 presenting between 2017 and 2018 and 48 in the subsequent 2 years. Admission rate was 19% and median length of stay 2.7 days compared with 3 days and 21.4%, respectively, in the UK audit. There were 12% 'unstable' patients compared with 2.3%. Diverticular disease accounted for the majority of known diagnoses but with a higher proportion of malignancies and anorectal conditions. The usage of Oakland score as a criterion for safe discharge was significantly evident following BSG guidelines, an increase in the percentage

from 7.1% to 14.6% was noted with p value 0.005. 41.8% of the patients underwent CT scans compared to 25.9% in the UK audit. Similarly, higher percentages of colonoscopy/ flexible sigmoidoscopy were identified, 65.3% compared to 25.4%. 0% of the patients underwent angioembolization, not very different from the national average of 0.8%.

Conclusion

This audit demonstrates a practice that is largely in line with national experience but with variations potentially related to social deprivation. Access to urgent inpatient colonoscopy remains a problem but CT rates are high and need for surgical intervention is low. A significant impact of the BSG guidelines is not demonstrable.

References

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