ONE-PAGE CHEAT SHEET

Upper GI bleeding

Resuscitate, risk-score, scope

palsurgery.com
Free surgical teaching

CAUSES

- **Peptic ulcer** (most common): NSAIDs, H. pylori
- Varices (liver disease), oesophagitis, gastritis
- Mallory-Weiss tear, malignancy, Dieulafoy lesion

ASSESSMENT

- ABC; two large-bore cannulae; FBC, U&E (**urea rises**), LFTs, clotting, group and crossmatch
- **Glasgow-Blatchford** before endoscopy: 0–1 can be managed as an outpatient
- Rockall after endoscopy: rebleeding and death
- Ask about NSAIDs, anticoagulants, alcohol, liver disease

RESUSCITATION

- Restrictive transfusion: Hb threshold 70 g/L (80 with heart disease)
- Platelets if under 50 and bleeding; FFP if PT/INR over 1.5 times normal
- Warfarin with active bleeding: prothrombin complex concentrate
- Major haemorrhage protocol when needed

ENDOSCOPY

- Within **24 hours**; immediately after resuscitation if unstable
- Ulcer with active bleeding or visible vessel: adrenaline **plus** clips or thermal therapy (never adrenaline alone)
- High-dose PPI **after** endoscopic haemostasis
- Rebleed: repeat endoscopy, then radiological embolisation, then surgery

VARICES

- **Terlipressin and antibiotics** before endoscopy
- Band ligation for oesophageal varices; tissue glue for gastric varices
- Uncontrolled: balloon tamponade as a bridge, then TIPS

DON'T MISS

- Aorto-enteric fistula after aortic graft surgery
- Haemodynamic instability in young patients is a late sign
- Test for H. pylori and stop NSAIDs

EXAM PEARLS

- Forrest Ia spurting, Ib oozing, IIa visible vessel, IIb clot, IIc spot, III clean
- Melaena usually means bleeding above the ligament of Treitz
- NICE: no PPI before endoscopy for non-variceal bleeding

Full page: **palsurgery.com/gi-bleeding/** · Test yourself: **palsurgery.com/mcq/upper-gi-bariatric/**

© 2026 Dr. Mohammed Maree · Free to share for learning (CC BY-NC 4.0) · Educational use: follow local guidelines