



**Service Priorities and Programmes**  
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**Submitting author:** Dr Ka Luen LUI

**Post title:** Resident Specialist, Tuen Mun Hospital, NTWC

**An audit on management of upper gastrointestinal bleeding by medical and surgical team in Tuen Mun Hospital**

*Lui KL (1), Li KK(1), Leung SK(2), Mok CK (1)*

*(1)Department of Medicine and Geriatrics, Tuen Mun Hospital (2)Department of Surgery, Tuen Mun Hospital*

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**Introduction**

Upper gastrointestinal bleeding (UGIB) is a common medical emergency associated with a significant mortality. There are about 1000-2000 cases per year in New Territories West Cluster (NTWC). In Tuen Mun Hospital, patients presented with UGIB are admitted to medical and surgical wards depending on their age.

**Objectives**

This is an audit to describe the performance of management of UGIB by medical and surgical departments in Tuen Mun Hospital in 2012.

**Methodology**

Data was collected retrospectively for all patients admitted to Department of Medicine & Geriatrics and Department of Surgery, Tuen Mun Hospital undergoing upper endoscopy for acute UGIB from September to October in 2012. Audit standards include the local department protocol, international consensus on the management of patients with non-variceal UGIB and portal hypertension.

**Result**

Data on 232 patients were analysed. One-hundred and seven patients and 105 patients were managed by medical team and surgical team respectively. Patients admitted to surgical wards were older (71.6 vs 51.5,  $p<0.001$ ) and had higher Glasgow-Blatchford score (7.2 vs 5.8,  $p<0.001$ ) than those admitted to medical wards. Both teams achieved a very high standard in the provision of endoscopic service within 24 hours (92.2% in medical vs 94.4% in surgical), appropriate endoscopic intervention in bleeding peptic ulcer (92.8% in medical vs 90% in surgical) and length of stay (6.5 days in medical vs 7.1 days in surgical). Regarding the appropriateness of proton-pump inhibitors (PPI) usage, the medical team prescribed more high dose PPI infusion for high risk peptic ulcer underwent endoscopic intervention than the surgical team (100% vs 60%,  $p=0.02$ ) and less PPI for haemodynamically stable patients undergoing endoscopy within 24 hours (10.3% vs 34%,  $p<0.001$ ). Comparing the

patient outcome, the rebleeding rate (3.9% vs 6.7%,  $p=0.39$ ) and inpatient mortality (5.5% vs 5.7%,  $p=1.0$ ) were similar in both medical and surgical teams. In the management of patients with variceal bleeding, there was a trend that the compliance to international guideline was lower by the surgical team with regards to the use of antibiotics (40% in surgical vs 100% in medical,  $p=0.061$ ) and vasoactive agent (50% in surgical vs 100% in medical,  $p=0.167$ ). Both medical and surgical teams achieved excellent standard in the management of UGIB patients in term of endoscopic management and patient outcome despite the fact that higher risk patients were managed by surgical team. This study showed that the compliance to local protocol and international guideline is higher by the medical team. A unified protocol may be advisable to standardize the management of upper gastrointestinal bleeding in NTWC.