Q23 Endoscopic strategies that a competent ER practitioner would employ to manage clinically significant post-ER bleeding. Please describe, in detail, the best practice technique.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-STSC for minor/moderate bleeding as described previously -Coag graspers using same ESU settings as for STSC and using the technique described above -Carefully placed clips for large visible vessels	1/13/2018 6:29 AM
2	Coaggrasper : soft coag 80 watt effect 4-5 Clipping ; Hemospray	12/7/2017 5:46 PM
3	- Depends on the timing and type of bleeding - If immediate then as in the response to one of the previous questions - If delayed - these often just require close monitoring and at most transfusion - We have had only one in the past 10 years that required surgery for significant bleeding	12/3/2017 9:47 PM
4	* Coaggrapser: see above. Close and see if bleeding stops. If so: lift slightly * Clips: see above	11/18/2017 9:34 PM
5	Colonoscopy if unstable, low Hb, ongoing bleeding Prep if possible Snare tip coag, coagrasper to control bleeding point Usually clips (primary if needed, secondary for insurance)	11/14/2017 6:05 AM
6	1. Most bleeding during the ER can be managed with snare tip coagulation (soft coagulation 80w) 2. Arterial bleeding not responding to STC should then be managed with coagrasper and soft coagulation 80 w 3. Ongoing refractory bleeding managed with adrenaline injection and clip placement 4. Use of haemospray or similar topical agent	11/13/2017 1:38 PM
7	Post ER bleeding can be managed using the combination of: Injection of epinephrine along with adjunctive techniques such as use of hemoclips Coagulation forceps is a useful device in this situation as well	11/5/2017 3:06 PM
8	1. Availability of the foot pump 2. Removal of clot if present 3. Clips to address bleeding point 4. Avoid thermal energy to address focus	11/5/2017 3:13 AM
9	clean. retrieve the clot identify point of bleeding coagrasper, clip use epinefrine	11/3/2017 2:57 PM
10	Wash defect to identify bleeding point. Apply clips direct onto bleeding point. Haemostaic forceps rarely first line when going back to bleeding, Adrenaline injection occasionally useful to get visualisation of bleeding point. Haemostatic powder last resort	11/3/2017 12:39 PM
11	Admit patent and prepare bowel for colonoscopy. If bleeding has stopped, no re-colonoscopy. If still or again bleeding colonoscopy with extensive washing ad identification of bleeding source. Coagrasper preferred, consider clip closure of mucosal defect	11/1/2017 11:39 AM
12	Resuscitation of patient - fluids and blood products if required. Address and coagulopathy. Initially conservative management with patient resuscitation. Consider tranexamic acid if not contraindicated. Consider direct endoscopic review and treatment if patient remains unstable with on-going bleeding. If unable to control bleeding discuss with interventional radiologist	10/31/2017 10:57 PM