

Management of Patients with Acute Lower Gastrointestinal Bleeding: An Updated ACG Guideline By: Nidah S. Khakoo, M.D.

Introduction

- The purpose of this newly published guideline was to update the previously published 2016 ACG guideline on lower GI bleeding (LGIB).
- For the purposes of this abstract, LGIB refers to hematochezia or bright red blood per rectum originating from a colorectal source.

Recommendation 1: Use risk stratification tools to identify low-risk patients with LGIB who are appropriate for outpatient evaluation.

- Validated clinical prediction tools include the Oakland Score and SHA₂PE Score.
 - Oakland score <8 predicted safe discharge.
 - SHA₂PE score <1 indicates hospital-based intervention is unlikely.
- Risk tools should always be used <u>in conjunction</u> with clinical judgement.

Recommendation 2: A restrictive strategy of RBC transfusion (Hgb > 7.0) should be employed in hemodynamically stable patients with LGIB.*

*A threshold of 8 g/dL can also be considered in patients with ACS and GIB; however, data is limited in this population.

Recommendation 3: Management of Vitamin K Antagonists

- Endoscopic intervention is safe in patients with an INR <2.5.
- If reversal is needed, prothrombin complex concentrate >> fresh frozen plasma.

Recommendation 4: DOAC Reversal Management

- Reversal should be considered only in patients that do not respond to initial resuscitation and cessation of DOAC alone.
 - Use targeted reversal agents if DOAC taken <24 hours with life-threatening bleed
 - Dabigatran → Idaracizumab
 - Rivaroxaban/Apixaban → Andexanet Alfa

Recommendation 5: Tranexamic acid (TA) is **NOT** indicated for use in LGIB.

• TA made **no difference** in transfusion rates or volumes, intervention rates, or lengths of hospital stay.

Recommendation 6: Role of Colonoscopy in LGIB

- Colonoscopy is recommended for most patients hospitalized with LGIB.
 - If colonic source of bleeding not found → intubate TI
- Colonoscopy may not be needed if bleeding has subsided
 AND patient has had an adequate prep colonoscopy within
 12 months showing diverticulosis with no neoplasia.

Recommendation 7 & 8: Role of CTA in LGIB

- CTA should be performed in hemodynamically unstable patients.
- If CTA is positive, then either 1) interventional radiology IR for embolization OR 2) colonoscopy.

Recommendation 9: Timing of Colonoscopy

- Nonemergent colonoscopy should be performed in LGIB.
- Urgent colonoscopy within 24 hours has NOT been shown to improve mortality and morbidity.

RBC = red blood cell
HGB = hemoglobin
UGIB = upper GI
bleeding
DOAC = direct oral
anticoagulation
INR = international
normalized ratio

TI = terminal ileum
CTA = computed
tomography angiography
EBL = endoscopic band
ligation
CV = cardiovascular
PUD = peptic ulcer disease
pHTN = portal hypertension

Recommendation 10: Treatment of Diverticular Hemorrhage

- Diverticular bleeding should be treated endoscopically with 1) throughthe-scope clips, 2) EBL (endoscopic band ligation), or 3) coagulation.
 - Direct clipping should be performed onto the vessel at the diverticular neck or dome.
- If a patient re-bleeds after initial cessation, a repeat colonoscopy can be considered depending on patient's stability.
 - Limited role for surgery in LGIB.

Recommendation 11: Resumption of Antiplatelet Medications and Risk of Recurrence after Hospitalization for Diverticular Bleeding

- **Discontinue** non-aspirin NSAIDs after diverticular bleed.
- **Discontinue** aspirin for 1° CV prevention after diverticular bleed.
- Continue aspirin after diverticular bleed for patients that have an established CV event history.
- Risk versus benefit discussion to be had regarding resumption of nonaspirin antiplatelets after diverticular bleed.

Recommendation 12: Resumption of Anticoagulation and Risk of Recurrence after Hospitalization for Diverticular Bleeding

- Resume anticoagulation after cessation of LGIB.
 - Overall
 ↓ the risk of post-thromboembolic events and mortality.

References

Sengupta, N., Feuerstein, J. D., Jairath, V., Shergill, A. K., Strate, L. L., Wong, R. J., & Wan, D. (2023). Management of Patients With Acute Lower Gastrointestinal Bleeding: An Updated ACG Guideline. American Journal of Gastroenterology, 118(2), 208–231.

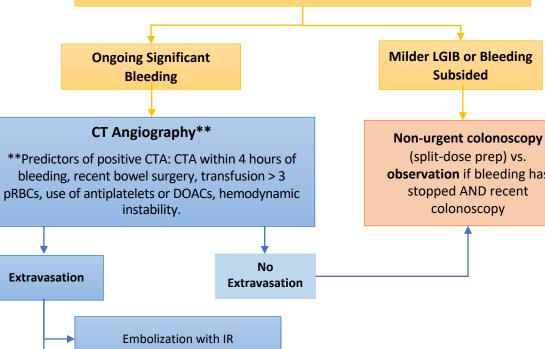
Lower GI Bleeding Clinical Algorithm



Severe Hematochezia

Initial Steps: IVF Resuscitation, pRBC transfusions to Hgb >7.0 (or higher in CV patients), exclude UGIB*

*Risk factors: History of PUD, pHTN, BUN/Cr > 30, aspirin/NSAID use



Milder LGIB or Bleeding

(split-dose prep) vs. **observation** if bleeding has stopped AND recent colonoscopy

Urgent colonoscopy (purge prep) with intervention in centers with endoscopic excellence