GI Gems From the ER

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What is Your Emergency Today?

- What were those people in the ER thinking?
- No appointment necessary…but a possible wait
- Triage – What is it? Who can do it?

Abdominal Pain

1. Diffuse or Periumbilical Pain

- AAA
- Ischemic Bowel
- Bowel Obstruction (esp. small bowel)
- Pancreatitis
- Gastroenteritis
- Metabolic Disturbances

2. Right Upper Quadrant

- Cholecystitis
- Biliary Colic
- Hepatitis
- Pyelonephritis

3. Right Lower Quadrant

- Appendicitis
- Nephrolithiasis
- Crohn's Disease of the Terminal Ileum

4. Left Upper Quadrant

- Splenic Rupture
- Pyelonephritis (UTI)

5. Left Lower Quadrant

- Diverticulitis
- Nephrolithiasis
- IBS

6. Gynecologic Sources of Pain

- PID
- Ovarian Torsion
- Ectopic Pregnancy

7. Metabolic Diseases

- Acute Intermittent Porphyria
- DKA
- Narcotic Withdrawal
- Lead Toxicity

- A & P
- History
- Physical Exam

Upper GI Bleed

- Incidence 100 cases per 100,000 population per year
- Bleeding from the upper GI tract is 4X's more common than from the lower GI tract
- Mortality rate 6-10% overall

Variceal Bleeding

- Initial management
- O2
- 2 large bore IV's
- Resuscitate first with IV normal saline
- Start blood transfusion (goal HCT 30% in nonvariceal bleed, 24% in variceal bleed)

Variceal Bleeding (Cont.)

- Surgery consult
- **If cirrhosis is known or suspected:**
- Antibiotics: Norfloxacin or Ceftriaxone
- Octreotide (Sandostatin) drip

Variceal Bleeding (cont.)

- Treatment
- Therapeutic endoscopy (Emergent MainStay)
- Variceal ligation or banding
- Sclerotherapy
- If refractory bleeding, Blakemore tube usually as a bridge

Non Variceal Bleeding

- Peptic ulcer disease
- Ruptured Arteriovenous Malformations (AVM's)
- Mallory – Weiss tears

Lower GI Bleed

Sources of Lower GI Bleed

- Diverticulosis : 5 - 42%
- Ischemia : 6-18%
- Anorectal (hemorrhoids, anal fissures, rectal ulcers) 6 – 16%
- Neoplasia (polyps & cancers) 3 – 11%
- Angiodysplasia : 0 – 3%

Etiology of Lower GI Bleed in Adults

- Postpolypectomy : 0 – 13%
- Inflammatory Bowel Disease : 2 - 4%
- Radiation Colitis : 1 – 3%
- Other Colitis (infectious, antibiotic associated colitis of unclear etiology) : 3 -29%
- Small bowel / Upper GI Bleed : 3 – 13%
- Other Causes : 1 – 9%
- Unknown Causes : 6 -23%

Trauma

Blunt vs Penetrationg Trauma

- Signs & symptoms
- Abdominal Pain
- Tenderness
- Rigidity
- Bruising of the external abdomen
- Ultrasound, CT, Peritoneal lavage
- Treatment may include surgery

- Penetrating Abdominal Trauma (PAT) is usually obvious and based on clinical signs.
- Blunt trauma is more likely to be delayed or missed.

- Blunt trauma is more common in rural areas.
- Penetrating trauma is more common in urban areas.

Pathophysiology of Abdominal Trauma

- Liver
- Spleen
- Pancrease
- Kidneys
- Bowel

Management / Treatment of the GI Patient

- Quick & Timely Triage to Doc
- Stabilization
- O2
- 2 large bore IV's / Type & Cross
- Appropriate Testing
- GI or Surgical Referral as appropriate

Pearls

- Don't be fooled: The patient with the Upper GI pain (especially female) could be an MI (Go with Your Gut)
- Bile is Never Good – Gallbladder Pain is the Worst!
- Blood is bad – Control / Stop it!
- Think worst case scenario & Prepare For it
- Always Keep Your Sense of Humor!