Chapter 2

Suspected variceal bleed

1. Resuscitation
2. IV access, CBC, CMP, coags
3. Consider intubation
4. Transfer to ICU

Blood volume resuscitation: Transfuse PRBC Hc >8gm/dL; Crystalloid fluid to maintain goal SPB >100 mm Hg

Early vasoactive therapy: Octreotide 50 µg bolus then 50 µg/hour drip (up to 5 days)

Prophylactic antibiotics (7 days): Norfloxacin 400 mg PO BID or Ceftriaxone 1 gm IV daily

Emergent EGD (within 12 hrs of presentation)

Esophageal varices

EVL Octreotide 2-5 days

Initial control with early rebleeding

Repeat EGD/EVL

Failure to control bleeding

Gastric varices (alone)

Variceal obliteration with tissue adhesive TIPS/surgical shunt (see Figure 2-5)

Control of bleeding

Secondary prophylaxis

Balloon tamponade

Failure to control bleeding

Emergent TIPS/surgical shunt

Emergent TIPS/surgical shunt

Figure 2-2. Management of acute variceal bleeding.