Management of Patients with Acute Lower Gastrointestinal Bleeding: An Updated ACG Guideline

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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 SHA_2PE Score.
  - Oakland score <8 predicted safe discharge.
  - SHA_2PE score <1 indicates hospital-based intervention is unlikely.
- Risk tools should always be used **in conjunction** 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

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.

Recommendation 10: Treatment of Diverticular Hemorrhage

- Diverticular bleeding should be treated endoscopically with 1) **through-the-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 non-aspirin 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

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