Upper GI Bleeding Seminar wareed 2023

<u> تبييض</u>

- left gastric and gastrodendenal:: Most common site for bleeding", most important arteries.
 - •M.C.C is peptic ulcer "duodenal is most common".
 - *Variceal bleeding is the most common severe but not the most common.
 - *Hematochezia indicate very severe bleeding.
 - *NGT Aspirate?! to evaluate the severity "occult blood in aspirate".
 - •CVP line and foley's cath. just for severe unstable patients.

 - => Peptic Ulcer Bleeding::
 •ulcer at site of blood vessel.
 •Pain epigastric radiate to the back •Posterior ulcer never perforate, Anterior never bleed. بس مش قاعدة
 - Posterior ulcer most common site of gastric ulcer to bleed.
 - 80% stop bleed spontaneously? Because bleeding is due to age of ulcer not big vessels like gastroduodenal.

- => Gastric ulcer::
 - *most common site of bleeding is lesser curvature left gastric artery.
 - Mostly we use noradrenalin or ephidren.
 - Re-bleeding do re-endoscopy at least once.
 - close in vertical way to increase surface area " under running suture".
 - •Main differance between gastric (5% malignant) and duodenal ulcer as biopsy.

Aims of HX::

- stop bleeding
 Treat the ulcer
- *vagitomy +- runcal selective hirfly selective".*vagitomy = selective, highly selective.* We can do Bilroth I in duodenal ulcer as well.

=>Gastritis::

 Important to give prophylaxis against ulcers in case of burn or heads head injury.

- Oesophageal Varices:: Oesophageal ballon 2 ballon one to prevent dislgment.
 -one for compression.
 - # Pharmacological => interventional => surgical "splenectomy". =Scheme for treatment with resection of gastric fundus and esophagus "sagura surgery".
 - => Mallary Weiss Syndrome? main cause is dis- coordination between gastric spasm and relaxation of LES of UES rupture desophagus, barrehove Syndrome".

 الانه اغلبهم بكونو Alcoholic .
 - => Dieulafoy's disease:: can't be seen on endoscope