

# Gastrointestinal Hemorrhage, Upper

## What is an upper gastrointestinal hemorrhage?

An upper gastrointestinal (GI) hemorrhage, also called upper GI bleeding, is abnormal blood loss from the esophagus (the tube that connects the mouth and stomach), the stomach, or the duodenum (the first foot of the small intestine that follows the stomach). It is usually seen as bloody vomit, vomit that looks like coffee grounds, or bowel movements that are black and sticky.

The most common cause of upper GI bleeding is an ulcer in the stomach or small intestine. Irritation of the stomach or esophagus can also cause an upper GI bleed. A group of medicines called nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen, and naproxen, are common causes of stomach and esophagus irritation. Another common cause of bleeding is liver disease from chronic alcohol use. Sometimes the esophagus bleeds because it is torn after forceful coughing or vomiting.

## What can I expect in the hospital?

Several things may be done while you are in the hospital to monitor, test, and treat your condition. They include:

### Monitoring

- You will be checked often by the hospital staff.
- Your heart rate, blood pressure, and temperature will be checked regularly.
- A heart (cardiac) monitor may be used to keep track of your heartbeat.
- Your blood oxygen level may be monitored by a sensor that is attached to your finger or earlobe.

### Testing

Testing may include:

- Blood tests to check for infections or blood loss
- Tests of stomach fluids or bowel movements to check for blood
- Endoscopy: A test in which a long, flexible tube and tiny camera is put into mouth, down your esophagus, into your stomach and into the duodenum to look for causes of the bleeding
- Computed tomography (CT) scan: A series of X-rays taken from different angles and arranged by a computer to show thin cross sections of the esophagus, stomach, and upper intestine
- Angiography: A series of X-rays taken after your healthcare provider injects a special dye into your blood vessels to look for areas where the dye may be leaking out of a blood vessel or blocked blood vessels
- Radionuclide scan: A series of pictures taken with a scanning camera after a small amount of radioactive material is injected into your vein to check for abnormalities of your organs or areas of bleeding

## **Treatment**

The treatment for GI bleeding depends on its cause, your symptoms, your overall health, and any complications you may have.

- You will have a small tube (IV catheter) inserted into a vein in your hand or arm. This will allow for medicine to be given directly into your blood and to give you fluids, if needed.
- You may have a tube put through your nose down into your stomach, called a nasogastric or NG tube. The tube may be used to give fluids or medicine. The tube can also be used with suction, to help remove air or fluids in your stomach and intestine.
- If you have lost a lot of blood, you may need a blood transfusion.
- If you have severe bleeding in your esophagus that can't be stopped, a special tube with a balloon on the end of it may be inserted into your esophagus. Once in place, the balloon can be blown up so that it presses on the area of bleeding to stop it.
- Your provider may prescribe medicine to:
  - Treat GI irritation
  - Stop bleeding
  - Treat or prevent an infection
  - Replace iron lost from bleeding
  - Prevent nausea and vomiting
- You may need to stop any medicines that irritate your GI tract.
- In rare cases, you may need surgery to treat your GI bleeding. Surgery may include:
  - Vagotomy: A procedure in which the nerves in the stomach are divided to prevent too much stomach acid from being produced, if your GI bleeding was caused by an ulcer
  - Gastric resection: Surgery to remove the part of the stomach that is damaged and bleeding
  - Transjugular intrahepatic portosystemic shunt (TIPS) procedure: A procedure in which a shunt (small metal tube) is placed in a blood vessel in the liver to prevent blood from backing up into the esophagus in order to prevent bleeding
- Depending on the cause and amount of bleeding, you may not be allowed to eat or drink until the bleeding has been stopped.

## **What can I do to help?**

- You will need to tell your healthcare team if you have new or worsening:
  - Bright red blood in your vomit or vomit that looks like coffee grounds
  - Bowel movement with bright red blood
  - Fainting
  - Abdominal bloating, cramps or pain

- Acid indigestion
- Black, tarry bowel movements
- Change in bowel habits, such as pain, mucus, diarrhea, constipation, or other intestinal problems
- Tiredness
- Signs of infection around your surgical wound if you had surgery. These include:
  - The area around your wound is more red or painful
  - Your wound area is very warm to touch
  - You have blood, pus, or other fluid coming from the wound area
  - You have chills or muscle aches
- Ask questions about any medicine or treatment or information that you do not understand.

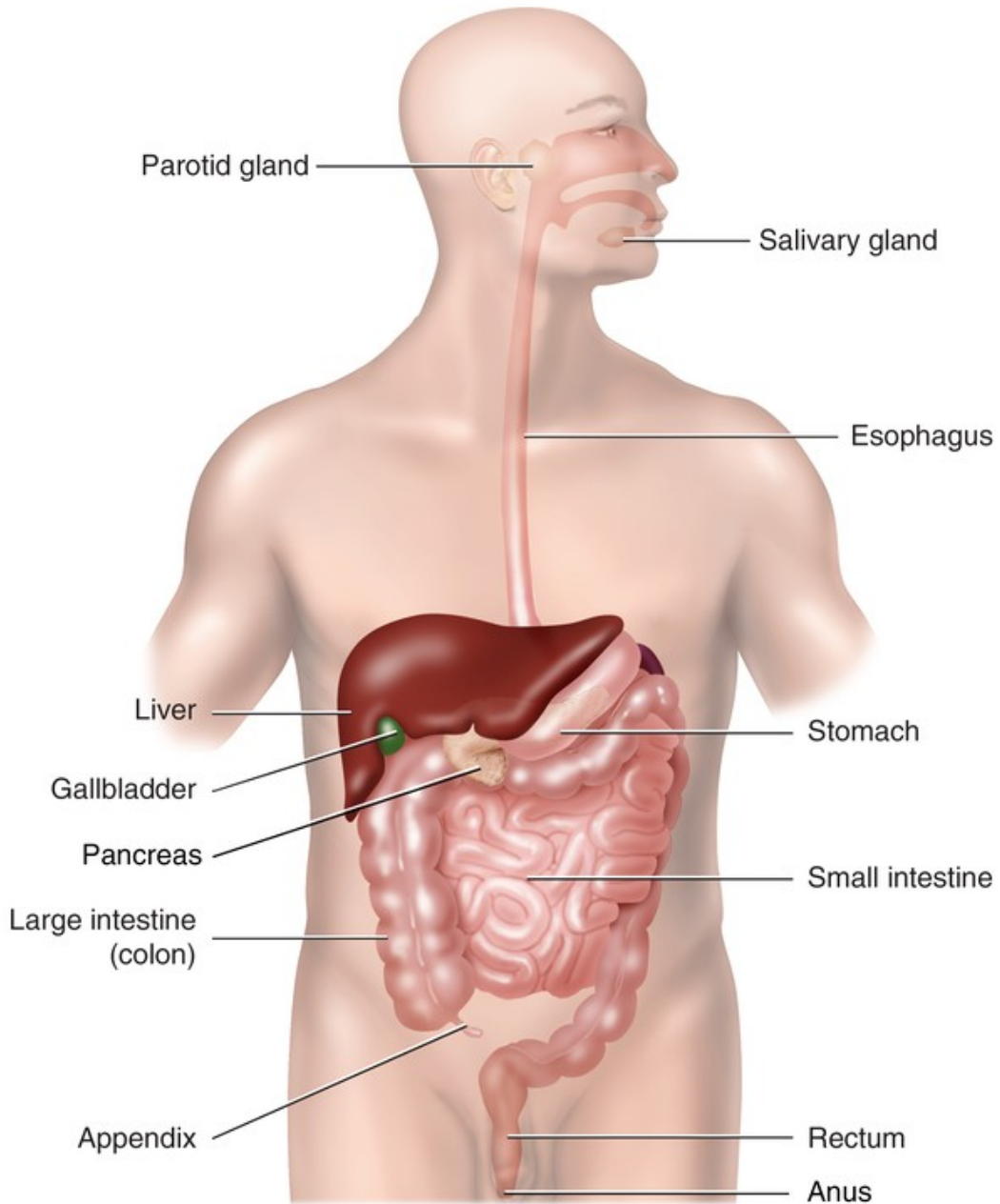
## **How long will I be in the hospital?**

How long you stay in the hospital depends on many factors. The average amount of time to stay in the hospital with an upper GI bleed is 3 to 5 days.

Developed by RelayHealth.

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# Digestive System



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