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This GI test could help patients avoid a hospital stay

DOWNERS GROVE, Ill – December 16, 2016 – Symptoms of possible upper GI bleeding (UGIB) are a leading cause of hospital admissions through emergency departments. But according to a new [study](#), use of capsule endoscopy can avoid many unnecessary hospital admissions in patients with these symptoms. The study, “Use of capsule endoscopy in the emergency department as a triage of patients with GI bleeding,” appears in the December issue of *GIE: Gastrointestinal Endoscopy*, the peer-reviewed journal of the American Society for Gastrointestinal Endoscopy (ASGE).

Symptoms such as tarry stools or vomiting with the appearance of “coffee grounds” can be an indication of upper GI bleeding (UGIB). But often these symptoms can be present without an actively bleeding or otherwise high risk lesion. . If patients come to the emergency department (ED) with such symptoms, hospital admission can be avoided if active UGIB or high-risk lesions can be ruled out in the ED. Typical clinical scoring systems are only sufficient to exclude the most benign cases. In this study, the authors aimed to test whether capsule endoscopy (CE) can reduce unnecessary hospitalizations in patients with suspected UGIB.

This was a prospective, randomized controlled trial in which patients who presented with symptoms or signs suggesting UGIB were randomized to receive either the standard treatment (ST) of hospital management or to undergo CE, after which hospital admission was determined by the findings of CE. Patients were also graded by Glasgow Blatchford score (a screening tool for GI bleeding) at the ED for assessment of need of hospital admission.

Seventy-one patients fulfilled the recruitment criteria, with 37 subjects enrolled into the CE group and 34 subjects into the ST group. Seven CE patients with active bleeding or significant endoscopic findings were admitted to the hospital compared with the ST group, in which all 34 patients were admitted. There was no difference in the clinical outcome in terms of recurrent bleeding and 30-day mortality. Hospital admissions were also greatly reduced if CE instead of GBS was used to triage patients in the ED.

The authors concluded that CE offers a safe and effective method in triaging patients presenting with symptoms of UGIB that do not require hospital admission.

For more information about capsule endoscopy, visit <http://www.asge.org/patients/patients.aspx?id=390>

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About Gastrointestinal Endoscopy

Gastrointestinal endoscopic procedures allow the gastroenterologist to visually inspect the upper gastrointestinal tract (esophagus, stomach and duodenum) and the lower bowel (colon and rectum) through an endoscope, a thin, flexible device with a lighted end and a powerful lens system. Endoscopy has been a major advance in the treatment of gastrointestinal diseases. For example, the use of endoscopes allows the detection of ulcers, cancers, polyps and sites of internal bleeding. Through endoscopy, tissue samples (biopsies) may be obtained, areas of blockage can be opened and active bleeding can be stopped. Polyps in the colon can be removed, which has been shown to prevent colon cancer.

About the American Society for Gastrointestinal Endoscopy

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 14,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4colonand is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4coloncancer.org for more information and to find a qualified doctor in your area.