

### Oral Presentation

<b>TITLE</b>	<b>Scottish Survey on the management of variceal haemorrhage - 23 years later</b>
<b>AUTHOR(S)</b>	Dr F Moroni; Prof P Hayes
<b>ADDRESS</b>	University of Edinburgh, Royal Infirmary of Edinburgh, Little France Cres, EH16 4SA
<b>ABSTRACT DETAILS:</b>	
<b>Background:</b>	Mortality from variceal haemorrhage has significantly reduced since the early 1980s: from 40-50% to 15% in 2015. <sup>1</sup> This could be attributed to improvement in endoscopical therapy and rescue TIPSS (transjugular intrahepatic porto-systemic shunt). A regional survey performed in 1995 across Scotland at the time of introduction of endoscopic banding ligation (EBL) outlined the lack of adherence to guidelines and the limited availability of new techniques. <sup>2</sup> We reassessed clinical practice against current BSG guidelines <sup>1</sup> in the management of variceal haemorrhage among gastroenterology consultants in Scotland.
<b>Method:</b>	An online based questionnaire using the Bristol Online Survey tool was sent as a link via email to all the 106 Gastroenterology Consultants in Scotland. Survey had a total of 16 questions on the management of variceal haemorrhage. All results were anonymised.
<b>Results:</b>	48 out of 106 (48%) surveys returned fully completed (69% in 1995). 13/48 (27%) responders are hepatologist, 21/48 (44%) luminal gastroenterologist. 34/48 (71%) responses are from teaching hospitals (65.5% in 1995). 33/48 (69%) participate in OOH bleeding rota (85% from University hospitals). The majority of the responders (48%) perform 10-20 endoscopy per year for variceal haemorrhage, with no difference between participants in OOH bleeding rota or not, nor between DGH or University hospital (with mode in all groups of 10-20 cases per year). In 1995 58% of responders were dealing with <10 cases per year. Overall between 25-50% of OGD for variceal haemorrhage are performed OOH. 44% in endoscopy suite and 52% under GA. Treatment of choice for oesophageal variceal bleed (OVB) is EBL in 100% of cases and injection therapy in 92% for Gastric Variceal bleeding (71% thrombin and 39% cyanocrylate). Terlipressin is used by 97.5% of responders. Antibiotic are used in 100% of cases. TIPSS is available to the 58% of responders as rescue therapy, 42% would place a BST and 20% of these will refer on to another centre (27% in 1995 survey). 5/48 (10%) would use SX Ellas stents. 96% of responders who performs >10 endoscopies for OVB per year are able to manage second line therapy in the original centre. The vast majority of responders would use combination of EBL and $\beta$ -blocker (73%) for secondary prophylaxis. 83% (40/48) of responders use Carvedilol 12.5mg as primary prophylaxis for OV. In 1995 71.5% of responders did not pursue primary prophylaxis. 92% confirm to perform screening endoscopy in all cirrhotic patients.
<b>Conclusions:</b>	23 years after the index survey, management of acute variceal haemorrhage across Scotland has substantially improved. Carvedilol is the most used $\beta$ -blocker in Scotland. It emerged from this survey that it is common practice to reduce if not tolerated Carvedilol 12.5mg to 6.25mg. This it is not evidence based but some literature is emerging. <sup>3</sup> The survey didn't include comment space therefore recipients were offered the possibility to contact the author directly. Some responders follow Baveno recommendation and do not routinely perform screening endoscopy in cirrhotic subject. These results give us a useful overview of the current practice in the management of variceal bleed in Scotland.

**References:**

D Tripathi, AJ Stanley, PC Hayes, et al. UK guidelines on the management of variceal haemorrhage in cirrhotic patients. *Gut*. 2015 Nov; 64(11): 1680–1704.

AJ Stanley, JF Dillon, PC Hayes. Regional Survey on the management of oesophageal variceal haemorrhage. *ScotMedJ* 1995;40:149-150

Schwarzer R, Kivaranovic D, Paternostro R, et al. Carvedilol for reducing portal pressure in primary prophylaxis of variceal bleeding: a dose-response study. *Aliment Pharmacol Ther*. 2018 Feb 28. doi: 10.1111/apt.14576.