

A 42 year old man with a history of many years of alcohol abuse presents to your department reporting an episode of haematemesis. In the department he has a further, large haematemesis. His BP is 90/45, HR 127, GCS 15

What would be your initial steps in the 1st 5-10 minutes, management and investigation(3 marks)

*Gain 2 x large bore iv access
x-match 6u blood
Check clotting screen, FBC, U&E, LFT*

There is no endoscopy available for 6 hours. What pharmacological agents are available, and what is their mechanism of action? (4 marks)

Vasopressin – reduces portal blood flow, portal systemic collateral blood flow and variceal pressure

Somatostatin – causes splanchnic vasoconstriction, reducing portal pressure and blood flow

These agents have no effect. What further two steps could you take to try to arrest the bleeding. (2 marks)

*Correct clotting
Sengstaken Blakemore tube*

If these and gastroscopic banding are ineffective, what further intervention may be tried? (1 mark)

TIPSS Transjugular intrahepatic portosystemic stent shunt