

Instincts: Rapid Responses to Acute Gastrointestinal Conditions

Upper Gastrointestinal Bleeding (UGIB)

Key Points:

- **History:** Confirm haematemesis or melaena;
- **Common aetiology:** PUD, Mallory-Weiss tear, gastritis, varices, angiodysplasia, Dieulafoy lesion, oesophagitis, malignancy, or GIST.
- **Risk Factors:** Cardiovascular, , pulmonary disease, cirrhosis, alcohol, prior GI procedures, NSAIDs, antiplatelets, anticoagulants, Hx of H pylori
- **Symptoms:** Pain, dysphagia, nausea/retching, jaundice, early satiety, weight loss.
- **Examination:** Vital signs (including postural), cardiac/lung, abdominal examination, sign of chronic liver disease, DRE.
- **Investigations:** FBC, UEC, LFT, coagulation, iron studies, CXR, ECG; urgent endoscopy.

Management:

- **Resuscitation:** ABCD, IV fluids, blood transfusion.
- **Medical Therapy:**
 - Non-variceal: IV pantoprazole
 - Variceal: IV pantoprazole + octreotide + IV antibiotics
- **Endoscopy:** Within 24h; <12h for high-risk.
- **Endoscopic treatment Interventions:** adrenaline, thermal therapy, clips, haemostatic sprays.
- **Risk Scoring:** Glasgow-Blatchford score guides triage.

Inflammatory Bowel Disease (IBD)

Types:

- **Ulcerative Colitis (UC):** Continuous colonic inflammation from rectum. Symptoms: bloody diarrhoea, urgency, tenesmus, colicky pain, systemic features. Extraintestinal manifestations: joints, eyes, skin, liver, hematologic.
- **Crohn's Disease (CD):** Transmural inflammation; commonly distal ileum. Symptoms: diarrhoea, RLQ pain, weight loss, fever, obstruction, fistula.

Diagnosis: Blood/stool tests, imaging (CT/MRE), endoscopy with biopsy.

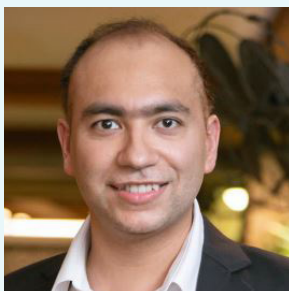
Treatment Goals: Induce/maintain remission, control disease, prevent complications, maintain nutrition and quality of life, achieve mucosal healing.

Therapies: Aminosalicylates, corticosteroids, thiopurines, biologics, surgery.

During flares: exclude infection, check CRP/fecal calprotectin, consult gastroenterology.

Colorectal Cancer in Younger Patients

- Increasing incidence; often more aggressive.
- Early recognition is essential: consider stool occult blood tests and colonoscopy for symptomatic or high-risk individuals.



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