

日期

2010年06月23日

紀錄及管理

內容摘要:

- (填寫說明: 1. 如有附件請註明, 如簡報檔、全文檔等
- 2. 需有問題與討論: 請註明姓名並包含醫學倫理及 EBM 之應用
- 3. 需有總結, 請註明做結論者【主持人】姓名
- 4. 請自行編排頁碼)

ER-GS combined meeting 劉劭穎 vs 連楚明

<Q&A>

- Q1 vs 連楚明: Define "low" GI bleeding.
- A1 劉劭穎: Bleeding distal to the ligament of Treitz
- Q2 許耀文: Most common cause of massive LGI bleeding?
- A2 陳柏伸: Diverticulosis & Angiodysplasia
- Q3 vs 李浩霖: Typical presentation of hemorrhoid bleeding
- A3 李浩霖: Painless, bright red, coats the stool, occasionally
- Q4 CR 許耀文: Our patient was taking Warfarin & CVS operation!
- A4 阿高海豪: Colonoscopy should be arranged
- Q5 vs 連楚明: Criteria for discharge & opo for?
- A5 李浩霖: aqa=60 + hemodynamic stable + no gross rectal bleeding + an. source of bleeding on DRZ/sigmoidoscopy
- Q6 CR 許耀文: When should angiography be considered as the first choice?
- A6 劉劭穎: brisk bleeding or hemodynamically unstable
- Q7 vs 連楚明: Contraindication of Dantrolene study?
- A7 阿高海豪: acute GI bleeding
- Q8 vs 連楚明: Indication of surgery in LGIB patients?
- A8 李浩霖: hemodynamic unstable, clinical deterioration, transfusion > 6u, persistent or recurrent hemorrhage
- Q9 CR 許耀文: The role of CT in LGI bleeding?
- A9 阿高海豪: when bleeding is active at the time of CT
- Q10 vs 連楚明: CBC finding in chronic LGI bleeding pt?
- A10 李浩霖: microcyte, hypochromic anemia

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內容摘要:

< EBM & Medical Ethics >

1. Most common causes of L&R bleeding in patients taking antiplatelets/anti-coagulants: Diverticulosis (64.8%), Polyps (30.7%), hemorrhoids (>2.5%)
2. Antiplatelets/anti-coagulants is an independent risk factor predictor of severe L&R & adverse outcomes
3. Left side diverticulosis is thought to be the source of most lower GI bleeding

< US Comments >

1. US 鄭益和: L&R bleeding 中, 約 10-25% 最終仍需手術
2. US 葉楚明: Preoperative angiography 可減輕腸切除之長度
3. US 李錦霖: hemodynamic stable 的 L&R, colonoscopy 仍是優先檢查

< Key point >

1. Consider admit L&R patient if:
age > 60, hemodynamic disturbance, gross rectal bleeding, taking aspirin or NSAID, or significant comorbidity
2. Bleeding with painful defecation should prompt investigation for other causes rather than hemorrhoid bleeding
3. Surgery should be considered if > 6 units of blood had been transfused

記錄: 李錦霖