Dedicated out of hours and weekend GI bleeding rota - does it change the statistics?

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Background

UK comparative audit of UGI bleed (2007) showed overall mortality of 10%. Only 56% of hospitals in the UK have out of hours emergency endoscopy rota(1,3,4).

Objectives

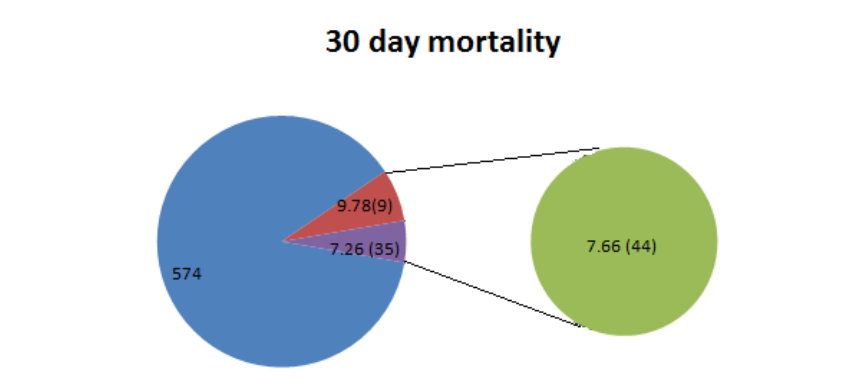
In 2007 we introduced a 24/7 consultant lead acute Gastroenterology on call rota with full weekend daytime working. Our audit over the 12 month period aimed to look at the all cause mortality in suspected or proven Acute Upper GI bleeding; to see whether introduction of acute on-call made any difference when compared to national averages(1).

Methods

We identified our patients using ICD-10 coding system that either presented with UGIB or had UGIB whilst being in patient. Data was collected retrospectively over 12 months (Oct 2011 to Oct 2012) including the endoscopy reports, based at Queen's Medical centre, Nottingham. Data was tabulated and analysed according to a pre-set format.

Results

1. Total of 574 (350M and 224F) patients over 18 years with average age of 64.5 with proven or suspected acute upper GI bleed undergoing OGD were analysed.
2. 92 patients presented over weekend and 482 during weekdays.
3. Overall mortality at 30 days unadjusted for case mix was 7.66% (44).
4. Mortality was 7.26% (35) in those presenting during the weekdays, and 9.78% (9) in those presenting during the weekend.
5. Endoscopy findings included peptic ulcer disease in 142 patients and oesophageal or gastric varices in 63.
6. Endotherapy was performed 46 of 142 (32%) of those with bleeding peptic ulcers and 40 of 63 (63.4%) of those patients with varices.



Conclusion

The introduction of an acute GI on-call rota at our centre has reduced the overall mortality for patients presenting during weekdays. The weekend mortality rates are still comparable to the national average (3). The difference in weekends may perhaps reflect the overall medical cover in the hospital at weekends which is reliant on H@N. This needs further validation and prospective studies.

References

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