Preface

Gastrointestinal Bleeding and the Endoscopist

Patrick Pfau, MD
Editor

Gastrointestinal bleeding and gastrointestinal endoscopy are intricately involved with an extensive range of diseases in the field of gastroenterology. Endoscopy is the diagnostic mainstay, from the exsanguinating variceal bleeder to the occult small bowel arteriovenous malformation. The primary therapy of gastrointestinal bleeding is endoscopy, again ranging from treatment of the actively spurting visible vessel to the slowly oozing gastric antral vascular ectasia. Endoscopy and gastrointestinal bleeding come together at 2 AM in the ICU with the intubated cirrhotic patient and in clinic for the fourth opinion on a case of anemia and hemoccult-positive stools.

This broad range of patient types and gastrointestinal diseases demonstrates the need to understand the scope and latest data and research on the diagnosis and treatment of gastrointestinal bleeding with gastrointestinal endoscopy. With this goal, we have brought together experts in the field of gastrointestinal bleeding to present state-of-the-art articles discussing and examining gastrointestinal bleeding and endoscopy and just as importantly how this is applied to benefit patient care. The topics in this issue of *Gastrointestinal Endoscopy Clinics* cover the complete range of disease in which endoscopy and gastrointestinal bleeding interact.

Before any endoscopic intervention, diagnostic or therapeutic, is performed, it is crucial that the patient is prepared for the endoscopy to help ensure the planned endoscopy can be carried out in a safe and effective manner. This includes a thorough assessment of the patient and administration of the correct medical therapies before the scope is even put down. With the increasing number of blood thinners, anticoagulants, and antiplatelet agents, it must be clear how to use and adjust these medications to prevent bleeding initially and in the patient who is actively bleeding.

After a patient is safely prepared and stabilized, endoscopy plays an essential role in the diagnosis and treatment of upper gastrointestinal bleeding. We review the

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diagnostic role and latest treatment in patients with peptic ulcer disease, esophageal and gastric varices, as well as portal gastropathy and gastric vascular ectasia.

While endoscopy is the primary tool in the evaluation and therapy of gastrointestinal bleeding, it should be understood that endoscopy can fail and, in some cases, may not be the first or most successful line of management. Thus, it is important to understand the indications for and complementary role to endoscopy of interventional radiology and surgery for patients with gastrointestinal bleeding.

Gastrointestinal bleeding does not always have a dramatic or acute presentation. Endoscopy also plays a role in finding the diagnosis for bleeding when the cause is not obvious and other diagnostic/imaging modalities are unsuccessful. Often the occult and obscure bleeding source is found in the small bowel, and thus, we cover the latest endoscopic technology and data used to treat small bowel bleeding.

Finally, this issue explains in detail two of the most common large bowel gastrointestinal bleeding disorders treated by the endoscopist, diverticular bleeding and post-polypectomy bleeding. The latest research and guidelines on the diagnosis, outcomes, and therapy of these frequently encountered colonic bleeding sources are covered in-depth.

With this range of subjects on gastrointestinal bleeding, we believe this issue of *Gastrointestinal Endoscopy Clinics* will be a readily and frequently used reference for the endoscopist. We hope bringing the expertise of true leaders in the field of gastrointestinal bleeding will expand the readers' knowledge and improve how patients, bleeding in many ways from many different areas of the gastrointestinal tract, are cared for.

DISCLOSURE

The guest editor has no disclosures nor conflicts of interest to declare.

Patrick Pfau, MD
University of Wisconsin School of
Medicine and Public Health
MFCB Building 4th Floor
1685 Highland Avenue
Madison, WI 53705, USA

E-mail address:
prp@medicine.wisc.edu