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**DIGESTIVE DEASESE UPDATE:** Gastroenterologists throughout Canada and from around the world recently journeyed to Banff, Alta., to attend the Canadian Association of Gastroenterology's annual Canadian Digestive Disease Week (CDDW) meeting. No doubt, many also took advantage of the world-class skiing the area offers. *Medical Post* staff writer David Hodges attended the meeting and files these reports.

## CDDW: Gastro bleeds well cared for, even during call

### Endoscopists can provide on-call services outside regular hours with no detriment to patients

By David Hodges

BANFF, ALTA. | Patients with acute nonvariceal upper gastrointestinal bleeding (ANVUGIB)—one of the most common reasons for emergency room presentation—do not suffer any compromise in their quality of care by presenting outside regular hospital working hours.

It is therefore reasonable for endoscopists to provide on-call services outside regular hours instead of remaining in-house, according to findings presented at the meeting here.

"The standard of care for patients presenting with signs and symptoms of ANVUGIB is to receive prompt resuscitation and early endoscopy to confirm the diagnosis and to provide endoscopic therapeutics," said lead study author Dr. Laura Targownik, an assistant professor in the department of internal medicine at the University of Manitoba, in a poster presentation. "While endoscopists are generally on-site during regular working hours, they generally provide on-call services on evenings and weekends, only coming into hospital if endoscopy is required."

This has brought up concerns that ANVUGIB patients presenting to hospital overnight or on the weekend may not receive the same level of care, she said.

To determine if there are significant differences in the process and outcomes of care for ANVUGIB patients presenting during regular or on-call hours, Dr. Targownik and her colleagues performed a five-year (1999 to 2004) retrospective review of all patients admitted to one of two tertiary care hospitals in Winnipeg with a diagnoses of ANVUGIB and who underwent diagnostic endoscopy.

A total of 444 subjects were evaluated, of whom 176 presented during regular hours (Monday to Friday between 8 a.m. and 5 p.m.) and 268 presented while the endoscopist was on call (i.e., all other times).

The study's primary endpoint was the development of any adverse outcome, such as in-hospital rebleeding, surgery, in-hospital mortality or readmission within 30 days for ANVUGIB. Other outcomes measured included time to endoscopy, need for endoscopic

hemostasis and length of hospital stay.

The findings showed there were no significant differences in baseline demographics, severity of presentation or likelihood of receiving endoscopy within eight hours.

Although on-call patients were more likely to undergo endoscopic hemostasis than patients seen during regular hours (38% versus 22%), there were no differences in the incidence of adverse outcomes or lengths of hospital stay.

Overall, Dr. Targownik said, ANVUGIB patients (regardless of how sick they were) who presented while the hospital's endoscopist was on call did not fare any worse than those presenting during regular hours.

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