

Appendix B: Stakeholder consultation comments table

2018 surveillance [of acute upper gastrointestinal bleeding in over 16s: management](#) (2014)

Consultation dates: 12 to 25 October 2018

Do you agree with the proposal to not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
Department of Health and Social Care	Not answered	I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding these consultations.	Thank you for your comment.
NHS England	Not answered	No comments have been received from NHS England colleagues	Thank you for your comment.
Society for Acute Medicine	Yes	No comments provided	Thank you for your response.
Royal College of Nursing	Not answered	Nurses caring for people with Acute upper gastrointestinal bleeding have reviewed the proposal and have no comments to submit at this stage Thank you for the opportunity to participate	Thank you for your comment.

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Queen Elizabeth Hospital Birmingham	No	<p>Resuscitation and initial management</p> <p>1.2.1 Transfuse patients with massive bleeding with blood, platelets and clotting factors in line with local protocols for managing massive bleeding.</p> <p>- In line with the widely accepted outcomes from the NEJM paper on transfusion strategies in acute gastrointestinal bleeding, a restrictive regime of transfusion has been shown to have proven mortality benefits in patients without a history of cardiovascular disease. This important outcome needs a mention in this section of the guideline.</p> <p>1.4.2 For the endoscopic treatment of non-variceal upper gastrointestinal bleeding, use one of the following:</p> <ul style="list-style-type: none"> ● fibrin or thrombin with adrenaline. <p>Fibrin and thrombin have little or no evidence for non variceal acute gastrointestinal bleeding.</p> <p>Oesophageal varices</p> <p>1.5.3 Use band ligation in patients with upper gastrointestinal bleeding from oesophageal varices.</p> <p>1.5.4 Consider transjugular intrahepatic portosystemic shunts (TIPS) if bleeding from oesophageal varices is not controlled by band ligation.</p> <p>In some patients, banding fails and TIPS is not possible due to portal vein thrombosis. The DANIS oesophageal stent is used for these specific patients and warrants a mention here. The stent has already been reviewed in NICE guidance.</p>	<p>Thank you for your comment.</p> <p>The issues raised are covered in the guideline, in related NICE guidance products, or are not supported by new evidence, as discussed below.</p> <p>Resuscitation and initial management</p> <p>The guideline already recognises the accumulating evidence on restrictive transfusion strategies. The guideline committee ‘was clear that where there was hemodynamic or clinical compromise the appropriate administration of blood should not be delayed but in stable patients clinicians should exercise caution when deciding if and when to transfuse.’</p> <p>Therefore, the following recommendation was made:</p> <p>1.2.2 Base decisions on blood transfusion on the full clinical picture, recognising that over-transfusion may be as damaging as under-transfusion.</p> <p>On the use of fibrin or thrombin, the guideline committee recognised that the evidence informing recommendation 1.4.2 (shown in full below) was of low or very low quality. They did not feel able to recommend any combination treatment over another, and noted that the suitability of each method may change depending on the characteristics of the ulcer. Surveillance identified no new evidence in this area on which to base updated recommendations.</p> <p>1.4.2 For the endoscopic treatment of non-variceal upper gastrointestinal bleeding, use one of the following:</p> <ul style="list-style-type: none"> ● a mechanical method (for example, clips) with or without adrenaline ● thermal coagulation with adrenaline
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		<p>(https://www.nice.org.uk/guidance/ipg392/chapter/2-The-procedure)</p> <p>Gastric varices</p> <p>1.5.5 Offer endoscopic injection of N-butyl-2-cyanoacrylate to patients with upper gastrointestinal bleeding from gastric varices.</p> <p>The guidelines do not comment on the use of thrombin for which there is growing evidence of its efficacy and tolerability in gastric varices. BSG guidelines do suggest its use to be considered first or second line before TIPS.</p>	<ul style="list-style-type: none"> • fibrin or thrombin with adrenaline. <p>Oesophageal varices</p> <p>The NICE interventional procedures guidance on oesophageal stenting was published in 2011 and is noted in the guideline. At the time of guideline development, randomised controlled trials of oesophageal stents compared with balloon tamponade were sought but none were identified.</p> <p>Surveillance identified one study (Escorsell 2016) that suggested benefits of oesophageal stenting on control of bleeding and adverse events. However, the study included only 28 people and is insufficient to trigger an update of the guideline.</p> <p>The NICE pathway on acute upper gastrointestinal bleeding brings together all recommendations on treatment of oesophageal varices.</p> <p>Gastric varices</p> <p>The guideline sought evidence on both thrombin and glue (N-butyl-2-cyanoacrylate or fibrin) for treating bleeding gastric varices. However, no studies of thrombin were identified. Surveillance has not identified any new studies assessing thrombin in gastric varices. Without additional information to identify the growing evidence noted, there is no indicator for an update of the guideline in this area.</p>
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Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Department of Health and Social Care	Not answered	No comments provided	Thank you for your response.

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NHS England	Not answered	No comments provided	Thank you for your response.
Society for Acute Medicine	No	No comments provided	Thank you for your response.
Royal College of Nursing	Not answered	No comments provided	Thank you for your response.
Queen Elizabeth Hospital Birmingham	No	No comments provided	Thank you for your response.
Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
Department of Health and Social Care	Not answered	No comments provided	Thank you for your response.
NHS England	Not answered	No comments provided	Thank you for your response.
Society for Acute Medicine	No	No comments provided	Thank you for your response.
Royal College of Nursing	Not answered	No comments provided	Thank you for your response.
Queen Elizabeth Hospital Birmingham	No	No comments provided	Thank you for your response.

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