

Use of Over the Scope Clips in the Management of Non-Variceal Upper GI Bleeding

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Over the scope clips are a new modality used in the management of upper GI bleeding. Traditional therapies and techniques used in controlling upper GI bleeding include epinephrine injection, thermal therapy and endo clips. Over the scope clips are currently used when traditional therapies fail or rebleeding occurs as there is not enough evidence to suggest their use as first-line therapy in non-variceal upper GI bleeding. We evaluate literature highlighting the impact of using over the scope clips.

A systematic review and meta-analysis published in 2022 included 10 studies with a total of 914 patients who were treated with OTSCs or standard therapy. Patients treated with OTSCs had a lower 7-day risk and 30-day risk of rebleeding. Procedure time was approximately 6.6 minutes shorter in the over the scope group as compare to the standard therapy group. The clinical success rate was notably higher in the over the scope group. There was no difference in mortality between the 2 groups. This meta-analysis concluded that over the scope clip induced hemostasis is associated with lower re-bleeding rates, higher clinical success rates and shorter procedure times while there was no difference in mortality. However, this meta-analysis was limited to cases of high-risk non variceal bleeding only.

Another recently published systematic review and meta-analysis reported on comparison between the use of over the scope clips vs standard therapy as first line in the management of non-variceal upper GI bleeding. Use of over the scope clips was associated with significantly lower risk of re-bleeding. There was no significant difference in rates of initial hemostasis, vascular embolization rates, need for repeat endoscopy, 30-day readmission rate, need for surgery and mortality.

Overall, the existing literature shows promising results in regards to usage of over the scope clips in the management of non-variceal upper GI bleeding. Large, prospective trials are awaited to validate these findings.

References

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