

Gastric Varices - Endoscopic Management - Full Clinical Guideline

Reference no.: CG-T/2014/198

HISTOACRYL GLUE

EQUIPMENT (FOR ONE APPLICATION)

5 x 2ml Luer lock syringes
Histoacryl glue and Lipiodol
Injection needle 19 gauge
Sterile water ampoules
White needles (large bore)
Visors for eye protection (all staff in room)

PREPARATION

2 syringes of Lipiodol (2mls)
2 syringes of water for injection (2mls)
1 syringe of glue and Lipiodol (1.2mls = 0.5 glue + 0.7 Lipiodol)

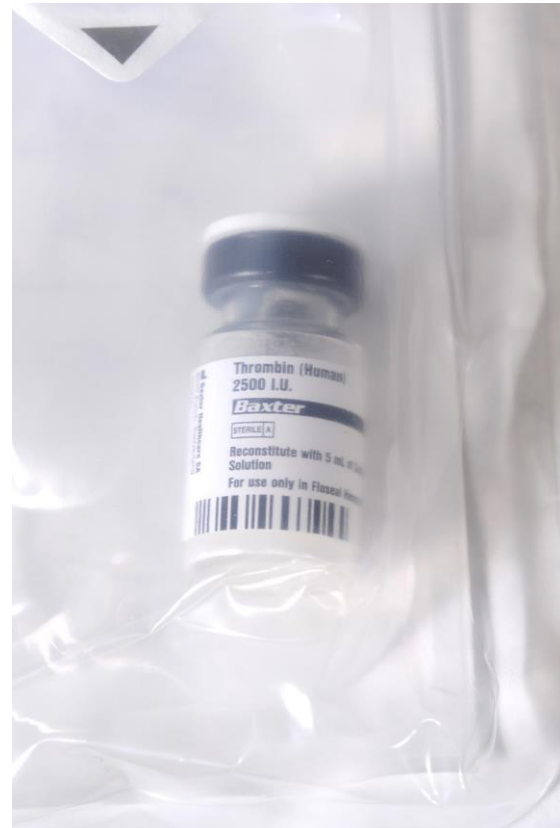
METHOD

1. Prime injection needle with Lipiodol.
2. Prime biopsy channel of scope with Lipiodol.
3. Advance injection needle down biopsy channel.
4. Attach syringe with glue and Lipiodol mixture to injection needle.
5. Await Doctors instructions to advance needle (i.e. needle out).
6. On instruction from Doctor, inject glue, disconnect syringe from injection needle straight away and connect 1st water of injection syringe and inject straight away.
7. Doctor to pull needle cannula back thereby withdrawing needle from varix. Endoscopy nurse to attach 2nd water for injection syringe and inject to wash out injection needle.
NOTE: NEEDLE NOT PENETRATED MUCOSA/ DO NOT WITHDRAW NEEDLE INTO CANNULA UNLESS RISK OF TRAUMA TO STOMACH
8. Confirm to Doctor after each syringe is deployed.

NOTE

1. *Spend some time at the beginning of the procedure getting the 'scope in the correct position for injection.*
2. *Speed is an essential part of this procedure to avoid the glue from being activated before reaching its target.*
3. *The glue is activated when it comes into contact with body fluids.*
4. The correct sequence of each stage is vital to its success:
Glue in, Water in
Needle out of varix (but not withdrawn into cannula)
Flush to confirm patency (if the patency of
the needle is uncertain then change the needle)
5. *If incorrect equipment is used, then the procedure will probably fail*
6. *Use Luer lock syringes only as they are safer and stop leakage*
7. *Make sure needle is working between injection*

THROMBIN



You will need:

Floseal (Baxter) – the box contains thrombin and a syringe containing a gelatin matrix. **We only use the thrombin component (glass vial with white top)**. It is stored in the on-call trolley, which is kept in the clean utility in endoscopy during the day and in main theatres overnight.

- Sodium chloride 0.9% for injection – 10mls
- Standard 22G injection needle

What you do:

- Open the Floseal box and remove the packet containing the vial containing thrombin 2500 IU. Discard the other components within the box.
- Inject 5mls of 0.9% saline for injection into the vial and gently swirl the vial (**DO NOT SHAKE**) until completely dissolved. Ideally use promptly, but if necessary it can be stored at room temperature for up to 4hrs.
- Draw up the solution into a 10ml syringe containing 5mls of 0.9% saline in order that you have 10mls of thrombin solution at a concentration of 250IU/ml.
- Puncture varix using a standard 22G injection needle and rapidly inject up to 2-3ml of the thrombin solution
- Continue to apply some pressure to the varix after injection of thrombin for approx 60 secs (it does not work immediately)
- You may use up to 9ml of the thrombin solution in up to 3 injections. Do not use the last 1ml as this then requires a flush with fluid, which dilutes the effect.
- Ensure endoscopy unit know to re-order Floseal from Pharmacy

Documentation Controls

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