



25<sup>th</sup> BSGIE ANNUAL MEETING 2014



**DAILY CHALLENGES IN DIGESTIVE ENDOSCOPY**  
for Endoscopists and Endoscopy Nurses

THURSDAY 18 SEPTEMBER 2014  
LAMOT - MECHELEN

How to use hemostatic powder in GI bleeding?





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### Hemostatic powder in surgery

Topical dressing for temporary treatment of

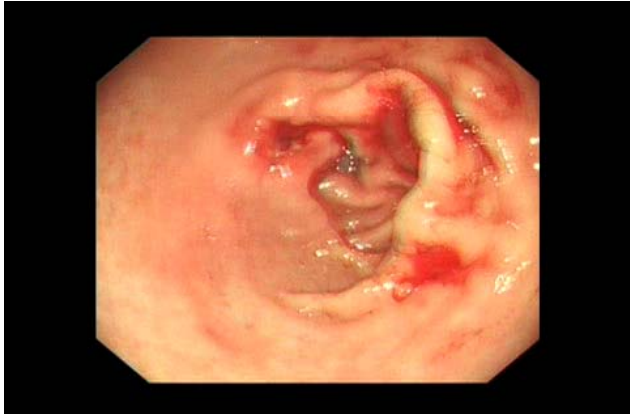
- moderate to severe bleeding wounds (surgical, trauma)
- cuts and lacerations
- mild bleeding from ENT surgical wounds
- nosebleeds

To control capillary, venous and arteriolar bleeding.

Veterinary medicine      War medicine

### Hemostatic powder in GI bleeding

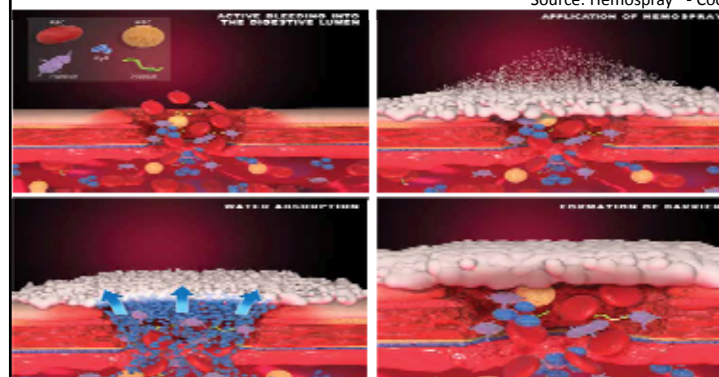


Film from Cook database




### How does hemostatic powder work?

When it comes in contact with blood, the powder absorbs water, then acts both cohesively and adhesively, forming a mechanical barrier over the bleeding site and accelerating the physiologic clotting cascade.

Source: Hemospray® - Cook



### Hemostatic powder in GI endoscopy

**Hemospray® by COOK**


Hemospray (all-in-one):  
410 euro (excl 21% tax)  
"Discounts are debatable"

**AMP® and Endoclot™  
by Endoclot Plus, inc (EPI /RMS)**


AMP powder: 99,65 euro  
Endoclot pump: 270 euro  
(+ 21% or 6% tax)

### What is this hemostatic powder?

**Hemospray® by COOK**



**AMP® and Endoclot™  
by Endoclot Plus, inc (EPI /RMS)**



Hemospray is a mineral blend powder developed specifically for endoscopic hemostasis.

It contains no human or animal proteins or botanicals and has no known allergens. Hemospray is metabolically inert and deemed nontoxic, systemically or otherwise.

AMP = absorbable modified polymers

Purified and modified plant starch is modified into polysaccharides.


Not animal, not human.  
It is degraded by the human amylase.

Contra-indication: allergy to potato starch.

*P.S. registered as devices (not drugs): exact content is not needed*

### Does hemostatic powder work in GI bleeding?

**Hemospray® by COOK**



Several open studies - published


**In upper GI bleeding:**

- Monotherapy: 85% immediate hemostasis – 15% rebleeding
- Salvage therapy: 100% hemostasis – 12 % rebleeding (SEAL, 63pts)
- In concomitant antithrombotic therapy 60% hemostasis / 40% rebleeding

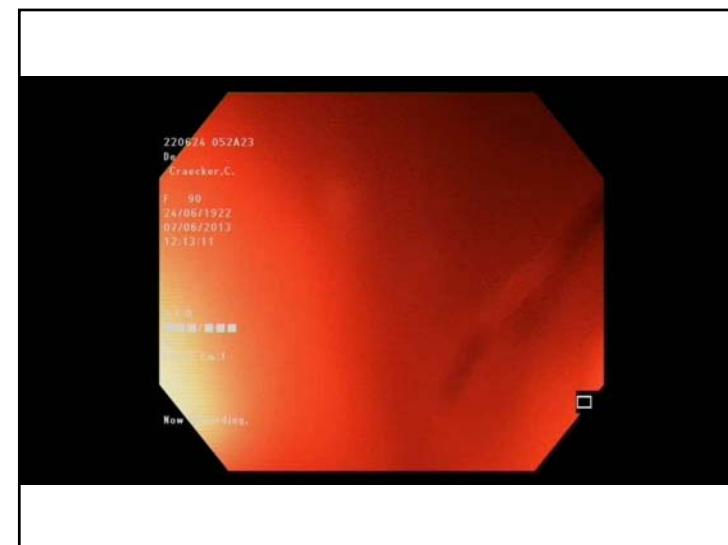
**In lower GI bleeding ("off label"):** small numbers (9/5) – rebleeding 22%

Variceal bleeding (gastric variceal bleeding – post EBL ulcer bleeding)  
Diffuse hemorrhage from tumor

**AMP® and Endoclot™ by EPI/RMS**




Little evidence in the literature.  
3 abstracts – small numbers (6/6/30)



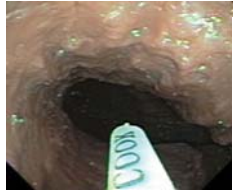
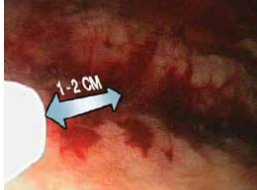
### Do's and don'ts when using hemostatic powder

- Flush the working channel with AIR before introducing the catheter

**TO AVOID CATHETER OCCLUSION**




- Don't aspirate blood when the catheter is in the working channel
- Catheter should be 1-2 cm out of the endoscope at **all times**
- Catheter should never be in contact with blood/mucosa (stay 2 cm from bleeding)

### Do's and don'ts when using hemostatic powder

- Don't irrigate the powder after deployment (if wanted wait until hemostasis is achieved)
- Give short bursts until active bleeding is stopped
- Allow some time (2 min.) for bleeding to stop
- Look out when using a cap (visualisation)
- Second look endoscopy after 24-48 hours (decision if need for further endoscopy treatment)



### How to use hemostatic powder in GI bleeding?

**Easier??? Better ??? As good???**

