

# Utility of Hemostatic Powder Spray for Management of Recently Placed Percutaneous Gastrostomy Tube Tract Bleeding

Taiwo Ajose, MD<sup>1</sup>, Idowu Ajose, MBBS<sup>2</sup>, Mohammad Bilal, MD<sup>1,3</sup>, Iyare Idiakhwa, MBBS<sup>5</sup>, Dharma Sunjaya, MD<sup>1,4</sup>

<sup>1</sup>Division of Gastroenterology and Hepatology, University of Minnesota, Minneapolis, MN, <sup>2</sup>Department of Internal Medicine, University of Minnesota Minneapolis, MN

<sup>3</sup>Division of Gastroenterology and Hepatology, Minneapolis VA medical center, <sup>4</sup>Division of Gastroenterology, Health Partners Hospital St Paul, MN, <sup>5</sup>Department of Public Health, University of Illinois Springfield.

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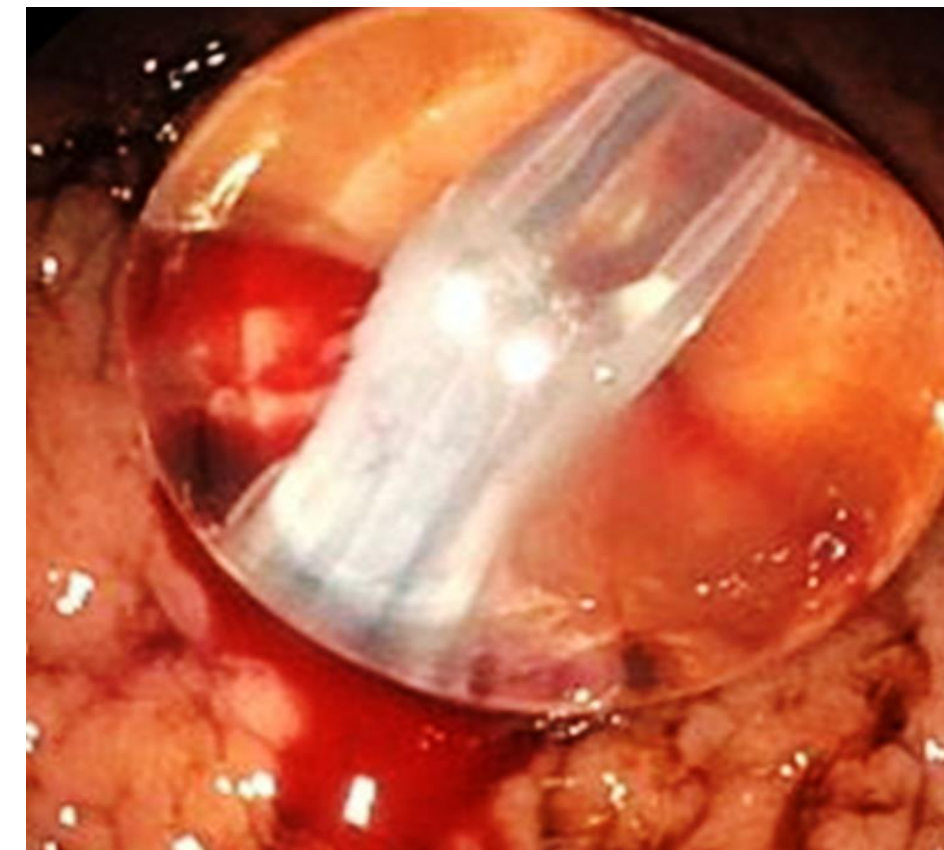
## INTRODUCTION

- Hemodynamically significant bleeding is an uncommon adverse event following percutaneous gastrostomy (PG) tube placement.
- The usual approach to managing bleeding involves conservative measures, interventional radiology guided interventions and surgery in rare cases.
- Endoscopic management of bleeding related to recently placed PG tube traditionally has been limited.
- Here we describe the first case of using hemostatic powder for management of overt PG tube tract bleeding not responsive to conservative management.

## CASE REPORT

- 76 year-old male with a history of squamous cell carcinoma of the right posterolateral tongue presented to the hospital for curative surgical management.
- A percutaneous gastrostomy (PG) tube was placed by interventional radiology for nutritional support following surgery.
- Following PG tube placement, the patient developed frank hematemesis, melena, and bloody output from the PG tube.
- Laboratory data showed worsening anemia with a rapid decrease in hemoglobin from 7.4 g/dL to 4.4 g/dL..
- PG tube traction was performed at bedside and patient was transferred to the intensive care unit due to hemodynamic instability and packed red blood cells transfusion was initiated.
- An emergent upper endoscopy was performed showing active bleeding from the recently placed PG tube tract despite applying PG tube balloon traction (Figure 1A)
- PG tube balloon traction was discontinued and hemostatic powder spray was applied to the opening of the PG tube tract (Figure 1B)
- After the application of hemostatic powder spray, no further bleeding was seen and balloon traction was reapplied.
- Patient did well after the procedure and the PG tube was able to be used after 48 hours.

## ENDOSCOPY



**Figure 1(A)**- Active PG tube tract bleeding despite balloon traction



**Figure 1(B)**- Stopped PG tract bleeding after application of hemostatic powder spray

## Discussion

- Most bleeding related to PG tube placement is limited and can be controlled by simple pressure over the abdominal wound or tightening the bumper against the abdominal wall to compress the gastrostomy tract.
- Historically, failure of conservative management of PG related bleeding will result in surgical intervention or vascular embolization.
- With the advent of hemostatic spray, endoscopy can be a powerful tool not only to diagnose but also treat PG related bleeding.