## Radiologic Management of Lower Gastrointestinal Tract Bleeding

### Variant 1:  Lower GI tract bleeding. Active bleeding with hematochezia or melena in a hemodynamically stable patient. Next procedure/intervention.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcatheter arteriography/intervention (TAI)</td>
<td>May be appropriate</td>
<td>TBD</td>
<td>TBD</td>
<td>5</td>
<td>n/a</td>
<td></td>
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<tr>
<td>Diagnostic/therapeutic colonoscopy</td>
<td>Usually appropriate</td>
<td>TBD</td>
<td>TBD</td>
<td>8</td>
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<tr>
<td>Surgery</td>
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<td>TBD</td>
<td>TBD</td>
<td>3</td>
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<tr>
<td>Tc-99m labeled RBC scan abdomen and pelvis</td>
<td>Usually appropriate</td>
<td>1-10 mSv</td>
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<td>n/a</td>
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<tr>
<td>CTA abdomen and pelvis with IV contrast</td>
<td>Usually appropriate</td>
<td>30-100 mSv</td>
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<td>n/a</td>
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<td>0 0 0 0 0 0 0 0 0</td>
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<td>0 mSv [ped]</td>
<td>2</td>
<td>n/a</td>
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</tbody>
</table>

### Variant 2:  Lower GI tract bleeding. Active bleeding in a hemodynamically unstable patient or a patient who has required more than 5 units of blood. Next procedure/intervention.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcatheter arteriography/intervention (TAI)</td>
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<td>TBD</td>
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<td>Procedure</td>
<td>Appropriateness Category</td>
<td>SOE</td>
<td>Adults RRL</td>
<td>Peds RRL</td>
<td>Rating</td>
<td>Median</td>
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<tr>
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<tr>
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<td>TBD</td>
<td></td>
<td>1</td>
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<tr>
<td>CTA abdomen and pelvis with IV contrast</td>
<td>May be appropriate</td>
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Variant 3: Lower GI tract bleeding. Colonoscopy localized the bleeding site and treatment was attempted. Ongoing or recurrent bleeding. Next procedure/intervention.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Procedure</td>
<td>Appropriateness Category</td>
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</tr>
<tr>
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</tbody>
</table>

Variant 4: Lower GI tract bleeding. Intermittent or obscure nonlocalized recurrent bleeding. Next procedure/intervention (assumes prior negative endoscopy).
Appendix Key
A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

**Appropriateness Category:** The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

**SOE:** Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- **Study Quality:** The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

**RRL:** Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

**Rating:** The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Median:** The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Final tabulations:** A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at [www.acr.org/ac](http://www.acr.org/ac).